

OL VIII

JANUARY 1927

PART I

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

DIRECTED BY
SIGM. FREUD

OFFICIAL ORGAN OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ERNEST JONES

WITH THE ASSISTANCE OF

G. BOSE
CALCUTTA
TRIGANT BURROW
BALTIMORE
J. C. FLÜGEL
LONDON

A. A. BRILL
NEW YORK
J. VAN EMDEN
THE HAGUE
E. OBERHOLZER
ZURICH

D. BRYAN
LONDON
S. FERENCZI
BUDAPEST
C. P. OBERNDORF
NEW YORK

E. SIMMEL
BERLIN

M. WULFF
MOSCOW



PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS
BY

BAILLIÈRE, TINDALL & COX, 7 & 8 HENRIETTA STREET, COVENT GARDEN,
LONDON, W.C.2

THE
INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS
is issued quarterly. Besides Original Papers, Abstracts and Reviews, it
contains the Bulletin of the International Psycho-Analytical Association, of
which it is the Official Organ.

NOTICES

EDITORIAL

1. Manuscripts and editorial communications should be sent to Dr. Ernest Jones, 81 Harley Street, London, W. 1.
2. Correspondence relating to translations should be addressed to the Translation Editor, Mrs. Joan Riviere, 10 Nottingham Terrace, London, N.W. 1.
3. Manuscripts should be type-written, and a copy should always be retained by the author.
4. Authors will understand that translations of their articles may be published in the *Internationale Zeitschrift für Psychoanalyse* or *Imago* if thought suitable.
5. Authors of original papers will be sent free of charge six copies of the Journal by the Publishers on application. If they require reprints at their own cost application should be made to the Publishers stating how many are required.
6. All matter appearing in this Journal is copyright.

ADMINISTRATIVE

1. The Annual Subscription is 30s. per Volume of Four Parts (America, \$7.50 per Volume).
2. The journal is obtainable *by subscription only*, the parts not being sold separately.
3. Subscriptions and Correspondence relative to advertising and administrative matters in general should be addressed to the Publishers, Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden, London, W.C. 2.
4. Back volumes, Nos. I to VII, are available. Price in parts 30/-, bound 40/-, plus postage in each case, inland 9d., abroad 1s. 6d. Binding cases are also sold separately, price 6s. 3d. post free.

SUPPLEMENT No. 1 TO THE INTERNATIONAL JOURNAL
OF PSYCHO-ANALYSIS

A GLOSSARY OF TECHNICAL TERMS

For the use of Translators of Psycho-analytic Works.

Edited by DR. ERNEST JONES.

Price 2s. 8d. post free.

BAILLIÈRE, TINDALL & COX, 8 Henrietta Street, Covent Garden, London, W.C. 2

4 Parts in 4 086

S. Freud

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

VOLUME VIII

JANUARY 1927

PART I

JAMES GLOVER
1882—1926

Following hard on Karl Abraham's death comes the news of the death of one of his most distinguished pupils. Our feelings at the later loss can only reanimate those of the earlier one, for there were many resemblances and associations between the two men beyond the important one of teacher and pupil. Glover's loss will in some ways be as keenly felt by his colleagues as Abraham's was, though in a smaller circle, and it constitutes, too, a similar set-back to the development of psycho-analysis, for he would certainly have played an important part in this had he lived.

James Glover was born at Lesmahagow, Lanarkshire, on July 15th, 1882, and died near Barcelona on August 25th, 1926. His father was a country schoolmaster of Lowland descent, and his son evidently inherited from him two of his most outstanding qualities : rare intellectual capacity and modest reserve. He had two younger brothers, but no sister. As a child he was shy, reserved and imaginative ; he had a bent for writing and published his first short story when only fourteen years old. His educational career was a brilliant one, and he graduated as M.B., Ch.B. at the University of Glasgow at the early age of twenty-one.

His health was already at this time not satisfactory, and after making a few attempts to practise medicine he was prevailed on to take long sea voyages. For a time he practised in Brazil, where he showed some aptitude for surgery and tropical medicine, but the whole of his leisure was devoted to wide reading or to the writing of short stories which had some psychological interest. The beneficial effects achieved by the change in climate were offset by an attack of malaria and later of dysentery ; the latter laid the foundation for the disease to which

he finally succumbed. After ten years of this mode of life, in 1913, his health definitely gave way, signs of severe diabetes appeared, and for some months in the following year his life was despaired of. Improvement gradually set in, however, and after a time he was able to engage in light work. He became Assistant Surgeon to the Cheltenham Eye Ear and Throat Hospital, a post which gave him ample leisure to devote to his psychological and anthropological studies. His former intense preoccupation with philosophical problems, dating from student days, was becoming transformed into interest in psychology; a letter to the *Lancet* about this time, in answer to Dr. Mercier, shows that he was already championing Freud's teachings. His next aim was to get into touch with practical psychological work in London, and to further this he made use of some earlier experience of tuberculosis and obtained the post of Assistant Tuberculosis Officer to the Royal Chest Hospital. From the moment of arriving in London he began to explore the opportunities of work in clinical psychology, and in 1918 he joined the staff of the newly established Medico-Psychological Clinic in Brunswick Square. It was then that Glover found his true vocation. His rigid training in philosophy, his wide reading, his scepticism, his scientific and naturalistic outlook, and above all his power of psychological insight, all found expression in clinical psychology. He immediately underwent a sort of 'analysis' with Miss J. Turner, one of the most active leaders of the institution, but it was not long before he became increasingly dissatisfied with the pseudo-analytic work in vogue there. During and after Dr. Murray's fatal illness he assumed the chief responsibility for the work at the clinic, having been made a co-director. He identified himself with all its varied activities, such as the training of students, lectures at the associated Orthopsychic Society, schemes for re-education for the hostel patients living in the annexe of the clinic, daily consultations, and practical therapeutic work. By 1920 he was the sole director of the clinic and medical superintendent of the annexe.

His growing experience was rapidly leading him to the conclusion that the Freudian method of approach to psychopathological problems was the only one based on scientific principles, and the decisive turning point was his visit as a guest to the International Congress of Psycho-Analysis at the Hague in September, 1920. After Dr. Murray's death she was succeeded by Miss Turner, and her return to work enabled him to go to Berlin, in the December of that year, to begin his analysis with Dr. Karl Abraham. On his return at Easter, 1921 (the analysis was

resumed in the following year), he again took up his duties as director at the clinic, but his conviction of the unsatisfactoriness of the work there carried out, both in training and in treatment, had by now been greatly strengthened. He was faced with the task, extremely distasteful to a man of his sensitive nature, of radically opposing his colleagues, to whom he owed so much, and of attempting to dissolve an institution for which he had worked so loyally. He not only never shirked this task, but he performed it with such a miraculous display of tact that no ill-feeling was left behind. Careful exploration of the potentialities of the clinic, together with consultation with the Council of the British Psycho-Analytical Society, showed him that there was no possibility of reconstructing the clinic on adequate lines, and he bent his endeavours to replacing it at a suitable time by a definitely Psycho-Analytical Clinic; this final ambition, on which he set great store, he just lived to see accomplished. His first step was to bring to a standstill the work of the Brunswick Square Clinic by refusing to prescribe any treatment other than psycho-analysis on proper Freudian lines. The members of the Executive Committee ultimately upheld him, and the upshot was that the clinic was finally closed. In the series of meetings that preceded this decision Glover's exceptional qualities showed at their best. He had the greatest regard for the enthusiastic labour and motives of the founders, and he treated the latter throughout with quiet patience and the gentlest courtesy. But he also showed a steel-like resolution that was not to be turned aside by any consideration. It was a signal triumph to succeed in dissolving this institution without causing offence to be taken by any of its members.

James Glover was made an Associate Member of the British Psycho-Analytical Society in June 1921, was made full Member in October 1922, and was elected to the Council in October 1924. Soon after him his brother, Dr. Edward Glover, also joined the Society, and he has left him as a worthy heir to his activities. Glover was throughout a mainstay of the Society in all its functions. In his constant contribution, especially to the discussions, he unfailingly elucidated any obscure issue, keeping closely to the clinical data of his growing experience. His sound judgement was invaluable in regard to what might be called the external politics of the Society, as was his tactfulness in regard to the internal ones. He played an important part in the training of young analysts and was prominent in the lecture work that was beginning to be organized by the Society. In the early months of 1924 he gave a course of lectures on the Theory of Psycho-Analysis,

and in the early months of last year one on the Psychopathology of Anxiety States ; it is likely that the latter course will be published in book form. His lectures were characterized by remarkable clearness of presentation and richness of content. They were always very advanced in nature, for Glover had not yet had the experience necessary for adapting himself to the mind of the junior student. He had an excellent delivery, and few who heard his Address from the Chair at the British Psychological Society will forget the singular impressiveness with which he enunciated the fundamentals of practice in psychopathology. Glover's qualities perhaps showed themselves at their best in debate, for which he had frequent opportunity. The unrelenting swiftness with which he seized on a fallacy in his opponent's argument was as characteristic as the gentle persuasiveness with which he pled with him to see the error of his ways.

When the Institute of Psycho-Analysis was formed, of which he was a member of the Board of Directors, Glover was entrusted, during Dr. Rickman's absence abroad, with the delicate negotiations concerning the transfer of the International Psycho-Analytical Library to the present publishers, the Hogarth Press, and he skilfully brought these to a successful issue. He also played an active part in helping to establish the London Clinic of Psycho-Analysis, the arrangements for which were completed in the month of his death. He was allotted the post of Assistant Director of the Clinic and looked forward eagerly to the work in which he was never allowed to participate.

Glover also played a prominent part in the Medical Section of the British Psychological Society. He participated actively in the discussions, served on the Committee for three years, and was Chairman of the Section at the time of his death.

* * *

Of James Glover's literary contributions to psycho-analysis there is unfortunately not a great deal to say, for they stand in sad disproportion to what he was evidently capable of. The reason for this is doubtless to be found in his hesitation to publish more than he was obliged to before his fastidiousness could be satisfied that his experience was extensive enough to give adequate support to what he had to say. It would be a good thing for science if other writers showed a similar scrupulousness in this respect, even though it would mean, as it certainly did in his case, the loss of many valuable contributions. It may be said that he never spontaneously published a single paper ; only four were published, and these only were so under direct persuasion, or even

pressure, on the part of the present writer. As may be seen from the subjoined bibliography, most of his contributions took the form of papers or addresses delivered by request before various Societies. Fortunately, the manuscripts of several of these remain, and it is hoped that it may be possible to publish some of them posthumously; a beginning in this direction is made with the paper that follows this memoir.

While no useful purpose would seem to be gained by presenting here any detailed abstract of publications so accessible and familiar, something may be said about the features that characterized all Glover's psychological contributions, whether actually published or not. Many of the qualities that go to make a master of exposition were developed in him to a high degree. Perhaps the two most outstanding of these were his clearness and his fertility in illustration. He possessed an unsurpassable lucidity of thought, combined with a powerful penetration; never deterred by the complexities of an elaborate superstructure, he cut swiftly through to the fundamentals of the subject. His fertility in elucidating his arguments by illustrations depended on his rich imaginative command of metaphor, the alert rapidity with which his mind worked, and the exceptional keenness of his powers of observation. The illustrations were often enlivened by a peculiarly kindly and ironic humour.

Though very alive to all possible aspects of psycho-analytic work, Glover was before all else a clinician, one of the very first rank. The only 'applied' subjects to which he made any considerable contributions were those of education and punishment (both individual and juristic). He was particularly interested in the analysis of the more reactive instincts, e.g. hate and sadism, and in the analysis of the ego and super-ego. In all his work the particular kind of biological and naturalistic outlook was shown that may perhaps be called typically English; his earlier philosophizing had been completely transmuted.

* * *

As often happens with men of genius whose self-expression has chiefly lain in the field of personal relations, it is not easy to convey to those who did not know him the nature of James Glover's elusive and complex character. For he undoubtedly possessed genius, and the tragedy is that his genius was just coming to fruition and finding its supreme expression at the moment when it was suddenly and finally extinguished.

Until he found himself in psycho-analysis his interests, though

keen, had been unsystematic. He was by nature a rover, with a sailor's heart : happiest when at sea or wandering over the world. With a lively sense of the comic, or even grotesque, he was always curious about the oddities and whimsicalities of life ; the by-paths of human nature attracted him more than the conventional high-roads. But his attitude was that of detached curiosity. He was incapable of a harsh judgement and was always tender with human frailties. His gentlest touch was for those most burdened with a feeling of inferiority. No one in his presence could but feel the mastery he had attained in psychological knowledge and insight, but no one felt on leaving him stung by the contrast of half-knowledge ; to use his superiority to over-awe or confound another could never occur to him. He had absolutely nothing in him of the moral reformer and very little indeed of the propagandist. He once laughingly said that the first question to ask a would-be analyst was, ' Do you itch to alter people ? If so, psycho-analysis is not for you.' This was a profound saying, which may well be pondered over. Certainly a man whose attitude is that of benevolent but insatiable curiosity is far better suited for psycho-analytic work than one whose attitude is that of a Mesmer or Calvin.

His intellectual convictions were held unwaveringly, but in any battle over debatable ground he stood out as a man whose passion to ascertain the truth was freed from personal emotion. The singular lucidity of his mind, the disinterested search for truth, the freedom from emotional reaction made him particularly well fitted for the public arena. These qualities were invariably displayed in the part he played in the psycho-analytic movement : his personal reserve and modesty contrasted sharply with his fervid desire to advance the work in any way that lay in his power. Self-seeking ambition was conspicuously absent from his nature, and in all our intimate association I never observed a trace of conflict between any personal interest and the objective claims of our common work.

Side by side with this detached scientific attitude went an unusual richness of inner emotional life. Glover was a man of exceptionally sensitive feeling, with a delicate and poetic imagination, and these qualities were finely expressed in the verse he wrote from time to time. Even his scientific thinking was strikingly fertile in vivid imagery. This sensitiveness and imaginativeness would go far to explain his amazing powers of comprehension, both personally and intellectually. A conversation with James Glover was gondola-like in its smoothness ; thoughts were instantaneously apprehended without a sign of the

minor frictions, misunderstandings, needs for exposition and the like, that characterize most personal intercourse. This high quality of apprehension was equally prominent in his other intellectual processes. He could rip the marrow from a book in a flash of time, thoroughly absorb its contents and have them always at his disposal in his unusually retentive memory.

Two sets of qualities, therefore, went to make up the intellect that was perhaps the chief glory of Glover's personality. On the one hand there was his capacity for impersonal but absorbed interest, particularly in psychological problems. His native Scottish shrewdness, his sceptical turn of mind, and his cool critical powers schooled by a hard philosophic training, all combined to give him an unusual sagacity of judgement. On the other hand, his gifts of sensitive imagination and intuitive acumen gave him a power of psychological insight of the rarest order. These qualities could not meet better than in the field of psycho-analysis, and it is little wonder that he became at the same time a supreme artist in the technique of psycho-analytic work and a master of its theory. To discuss an abstruse psychological problem with him was an æsthetic pleasure. One can only describe his intellect in terms of metaphor: luminous and pellucid as a diamond, compact as steel, keen as a rapier, and with a movement as swift as an eagle's. One does not meet such minds many times in a lifetime. It is astounding that a mind so free and smooth in its functioning could still contain severe unresolved conflicts, of which there were indubitable signs, nor was it less astonishing that anyone could achieve such a comprehensive and profound grasp of the whole theory and practice of psycho-analysis in a very few years as Glover unquestionably did; the answer to these riddles, which are at bottom one, would teach us much about the nature of what we call genius.

There can be little doubt that if James Glover had lived another ten years he would have become one of the outstanding figures in the history of psycho-pathology, as he was already fast becoming in that of psycho-analysis; that he would have made invaluable original contributions to our knowledge of the subject and have greatly furthered the spread of this knowledge. By his premature death the science of psycho-analysis has suffered an inestimable loss.

ERNEST JONES.¹

[¹ I wish to acknowledge the assistance Dr. Edward Glover and Miss Sharpe have rendered in preparing this memoir.—E. J.]

BIBLIOGRAPHY

ABBREVIATIONS.—*I.J.* International Journal of Psycho-Analysis.

B.P.-A.S. British Psycho-Analytical Society.

B.J. British Journal of Medical Psychology.

M.S. Medical Section of the British Psychological Society.

1. Punishment. Lecture delivered before the Howard Penal Reform League, December 12, 1919. Published in the *Penal Reform League's Record*, June, 1920.
2. An Unconscious Factor in Sex Antagonism. Read before the British Society for the Study of Sex Psychology, March 28, 1922.
3. Notes on the Psychopathology of Suicide. Read before the *B.P.-A.S.*, May 3, 1922. (Author's Abstract, *I.J.*, Vol. III, pp. 507-8.)
4. The Common Sense of Psycho-Analysis. Lecture delivered before the Cheltenham Education Society, March 9, 1923.
5. The Psycho-Analysis of Hate and Sadism. Read before the *M.S.*, June 27, 1923.
6. Man the Individual. Lecture delivered under the auspices of the Sociological Society, October, 1923. Published as Chapter II. of 'Social Aspects of Psycho-Analysis' (edited by Ernest Jones), 1924.
7. Notes of a case in which a patient produced a wealth of hallucinatory material, which proved to be a form of resistance. Communicated to the *B.P.-A.S.* on January 2, 1924. Published in the *I.J.*, Vol. V, pp. 504-5.
8. Recent Advances in the Relation of Psycho-Analysis to Education. Lecture delivered before the Teachers' Conference under the auspices of the Educational Section of the British Psychological Society on January 22, 1924.
9. A Note on the Female Castration Complex. Communicated to the *B.P.-A.S.* on March 19, 1924.
10. Abstract and Criticism of Rank's book, 'Das Trauma der Geburt' (with Dr. E. Glover). Communicated to the *B.P.-A.S.* on April 2, 1924.
11. Notes on an unusual Form of Perversion. Read before the Eighth International Congress of Psycho-Analysis, Salzburg, April 21, 1924. Author's Abstract in the *I.J.*, Vol. V, p. 392. Communicated to the *B.P.-A.S.* on June 18, 1924. Published *in extenso* in the present number of the *I.J.*
12. Psycho-Analysis and Education. Lecture delivered before the Headmasters' Association, Eastbourne, March 21, 1925.
13. The Conception of Sexuality. Contribution to a Symposium held by the *M.S.* on March 25, 1925. Published in the *B.J.*, Vol. V, pp. 175-188 and 196-207.
14. The Child in Utopia. Lecture delivered before the Child Study Society, Cambridge, on May 8, 1925.

15. Biological Lies. Lecture delivered before the Heretics Society, Cambridge, on May 10, 1925.
16. Nature of the Cultural Barriers against Sexuality. Read before the British Society for the Study of Sex Psychology, May 14, 1925.
17. Child Analysis. Lecture delivered at Eastbourne College, July, 1925.
18. Freud and His Critics. Published in the *Nation and the Athenæum*, October 31 and November 14, 1925.
19. Divergent Tendencies in Psychotherapy. Address from the Chair delivered before the M.S. on December 17, 1925. Published in the *B.J.*, Vol. VI, pp. 93-109.
20. The Conception of the Ego. Published in the *I.J.*, Vol. VII, pp. 414-19, and in the *Internationale Zeitschrift für Psychoanalyse*, Band XII, S. 286-91.

NOTES ON AN UNUSUAL FORM OF PERVERSION¹

BY

JAMES GLOVER

LONDON

The analysis of an unusual form of perverted sexual life has furnished material which in addition to its clinical interest seems significant from the standpoint of theory.

The patient, a man of thirty-five, used to find his most complete sexual satisfaction in the following way. He selected as his partner a woman of his own class, who wore high-heeled shoes, and who, while not a total abstainer from alcohol, had never taken it to excess. A slight redness of complexion, especially of the nose, was taken as indicating her suitability in this respect.

He would ask such a person to dine with him, and during the dinner, with the emotions of a man making a sexual advance to a refined woman, he would invite her to drink some alcohol with him. If she accepted he became sexually excited and filled her glass with wine, eagerly watching her mouth while she was drinking, and meanwhile developing anxiety which he could master only by drinking alcohol himself. When she had drunk enough to satisfy him that she must now be experiencing his own euphoric sensations after taking alcohol he was satisfied and awaited what he called the proofs of her intoxication, especially a slackness of the mouth which made it look spoiled, any derangement of hair or dress and any increased redness of her nose.

He would then try to get her to walk with him in the open air in the hope that further proof would be supplied by her staggering walk, need to urinate and so on, and would attempt to keep her walking till she was on the point of falling and collapsing.

His next step was to become possessed of her shoes which, as the result of this proceeding, had become sexually attractive because the drinking of alcohol by the woman had changed them in some way, and because they had been dirtied and spoiled during the walk. After observing a certain compulsive ritual of arrangement of the shoes, e.g., so that he could see the toe of one and the heel of the other, etc., he

¹ Read before the Eighth International Congress of Psycho-Analysis, Salzburg, April 21, 1924.

recalled the voluptuous details of the dinner scene and finally masturbated, after which he would throw the shoes angrily away—'Now go to Hell! I've finished.' The act of masturbation was not as a rule accompanied by sexual pleasure; it was merely a regretful 'ringing down the curtain' on a complicated drama of real erotic gratification. The metaphor was his own. His gratification depended on what he called the correct staging of such scenes and was easily upset by the failure of any important stage effects.

Next morning he liked to imagine that his partner felt very sick and ill as the result of her dissipation with him. There was an element of conscious spite in this, but the thought also gave him a pleasant realization of his 'effectiveness' in relations with women.

This carefully staged scene, although acted out in real life, at once reminds us in certain details of a dream in which a meal together, the introduction of a potent fluid into the body, the spoiling of a bodily opening, the walking together, the staggering, the shoes, play the parts of typical symbols. We have even the anxiety accompanying a veiled sexual scene.

A few selections from the mass of material yielded during analysis are essential to a deeper understanding of this curious form of sexual gratification.

The patient was the only child of his mother, who was excessively addicted to alcohol during his infancy, and who when he was seven died of the results of alcoholic excess. Her alcoholic habits and neglect led to his being transferred to a wet-nurse, and to alternating periods of excessive affection and caressing and of hostility and neglect. While under the influence of alcohol she performed excretory acts in front of him and was careless about displaying her person. He bitterly resented her prolonged disappearances and consoled himself by playing with her shoes, which he remembered putting in his mouth.

Analysis of a castration dream recalled a memory of sitting defæcating on a chamber-pot and indulging in fantasies about the legs of his nurse, who always stood in front of him. The chamber-pot, which was cracked, suddenly broke, so that he cut his buttocks near the genitals and had to be stitched by a doctor. After this painful operation he was given some port wine and his terror disappeared, but throughout his life he had a curious feeling of weakness at the bottom of his spine and felt as if stabbed there if he suddenly saw a woman with pretty shoes. His interest in shoes disappeared for a time, to return when his father encouraged him to take off his mother's shoes and to

fetch her slippers out of a box in which they were kept, as it were hidden, a procedure which gave him intense pleasure.

He remembered pleasurable excitement in 'riding cock-horse' on her foot, holding on to her knees. Before this game he used ostentatiously to pull her dress down over her ankle to prevent it being raised. He associated this with an earlier experience in which he was crawling on the bath-room floor when her dress, which she was removing, fell over him.

At the age of five his father used to offer him a little wine in a glass at dinner, in spite of his mother's angry protests, and several times he bit the wine-glass till it broke to express his rage with his mother. Thus an interest in shoes and alcohol were sanctioned by the father.

Previous to this he had witnessed scenes of quarrelling between his parents and stayed awake in their bedroom in order to observe their relations. After exclusion from their room, which he bitterly resented, repression set in, and he believed that they were drinking secretly together when he was not there.

After his mother's death he occupied her place in his father's bed, and received his affectionate caresses with ambivalent feelings of resentment and shamed pleasure.

When he went to school he was given a pair of his mother's shoes to wear, but although the idea was secretly pleasurable, he was ashamed to be seen in them and solved the problem by kicking them until they were spoiled. Thereafter he preferred boys' shoes of a feminine shape and always became pleasurably excited when a new pair had to be bought, which he promptly proceeded to dirty and spoil.

At sixteen, after receiving an especially attractive pair of shoes, he had a sudden impulse to find out the mysterious pleasant feeling grown-ups got by drinking alcohol, and so made himself intoxicated. He then felt he had discovered a secret which the grown-ups had hidden from him, and he repeated this performance each time he acquired a new pair of shoes.

At the age of nineteen he saw his father's housekeeper take some alcohol, and became sexually excited. Disguising a potent drink of neat gin with the colour of wine, he offered it to her and induced her to repeat the amount till she became unconscious, when he developed acute anxiety and guilt lest his father should discover what he had done. He was particularly careful not to disarrange her dress, and

after carrying her to bed he secured her shoes and masturbated for the first time. In spite of anxiety, he felt great satisfaction at having proved himself a man. To his delight he found that his step-mother took a little alcohol and liked to be given presents of new shoes, and thereafter all his energies were devoted to arranging situations in which he induced her to take alcohol and obtained her shoes to masturbate with. Thereafter he wore masculine shoes himself.

Later, becoming alarmed over the effect of these practices on his health, he married, but failed to achieve successful coitus on account of *ejaculatio præcox*. After repeated failures to achieve successful coitus he made his wife wear her wedding shoes, took her out to dinner and carried out the programme I have described. Next morning, feeling very ill and ashamed of having become intoxicated, she said, 'I have lost my womanhood.' These words gave him intense pleasure, which, however, was followed by anger and depression when she told him that alcohol always made her sick.

His marital jealousy took the form of imagining that she drank with other men at dances.

He divided women into three classes ; 1. Very refined, puritanical women who took no alcohol, had pale faces and wore flat-heeled shoes. His attitude to them was ambivalent. They were impossible as sexual partners since he respected them too much, but his respect was qualified by the suspicion that they were at heart hypocrites. He was easily intimidated by such women and behaved towards them in all respects like a docile child while he was in their company, reacting afterwards with fits of rage when alone.

2. Women who were respectable but who occasionally took a little alcohol, were slightly flushed and wore moderately high-heeled shoes. These women were possible partners, since the hypocrisy which they shared with all womankind regarding life's pleasures, and particularly regarding that produced by alcohol, was more transparent. Their resistances could with sufficient persuasion be overcome.

3. Common women with red faces indicating alcoholic excess, who were always drinking, did not conceal their pleasure in it, and drank with anyone. He sometimes pictured them as wearing absurdly high-heeled shoes and conspicuous clothes. Such women were not concealing their sexuality but flaunting it before the world. They disgusted him. They were prostitutes. Besides, there was nothing left for him to do ; for an important aim of his technique of alcoholizing women belonging to Class 2 was to transform them temporarily into women

of Class 3. An interesting symbolic equivalent is his analogous classification of licensed premises :

1. Very correct and swell hotels where the utmost propriety had to be observed.
2. Respectable but cosy bars.
3. Low pubs.

Repeated attempts to carry out his technique on his wife (which were made regularly every time she bought new shoes), together with his own increasing alcoholic excess, led to attempts on her part to restrain his drinking habits which had unfortunate results. He relapsed into an earlier phase of fantasizing that he himself was a woman, when he would make himself much more deeply intoxicated. After an attack of *delirium tremens* he developed, in addition to a large number of anxiety symptoms, certain quite definite paranoidal tendencies—ideas of reference and injury and suspicion. He was quite incapable of attending to the simplest affairs without previously bracing himself up with alcohol, and began his day with a bottle of whisky or gin. In this state he was persuaded to come to me for treatment, which he commenced with his characteristic docility, masking a suspicious mistrust and defiance of which he was perfectly conscious.

Here we have a familiar history of psycho-sexual development in which, however, sexual activity is mainly represented by the process of alcoholization directed to the self or to the object, and in which a symbolic fetish plays the part of genital in the self and in the object. The exquisite over-determination of this twofold displacement begins at the oral stage of libido-organization.

Even when we have allowed fully for what Ferenczi calls the regressive genitalization of earlier zones, there is evidence here of a marked oral fixation.

His voracious hunger as a child, his compulsion to drink any kind of fluid till his stomach was sufficiently distended to produce a feeling of comfort, his anxiety when at school he was denied access to water (as in later years to alcohol), and his habit of sucking and biting his fingers till he was old enough to smoke constantly are some examples out of many of this fixation.

An especially close connection existed in my patient's mind between mouth experiences and mental experiences. Thus nice people gave him a sweet taste and unpleasant people a sour taste. During analysis, instead of saying 'An idea has come into my head,' he once said 'An idea has come into my mouth'!

Oral characteristics are difficult to isolate, partly because they become blended, like the tendencies on which they are based, by the process of amphimixis described by Ferenczi, with characteristics derived from other erotogenic zones, and partly (as Dr. Edward Glover pointed out to me in discussing another orally fixated case) because oral libido is permitted a larger amount of direct and open gratification in eating habits and food idiosyncrasies. Thus the two principal oral types, the more passive sucker and the more active biter, transfer their characteristics to later anal and urinary ones, although a study of food habits reveals the persistence of the original tendencies.

Moreover, since repression attacks mainly the oral-sadistic impulses of the tooth cannibalistic stage described by Abraham, we should expect that these active impulses would leave a more noticeable imprint on character and thus be open to recognition in spite of the fact that they blend both with the anal-sadistic and with urinary tendencies.

Thus in this case oral-sadistic characteristics were evident in a curious combination of impatience to get at a source of pleasure and impatience to be finished with it. 'Get it over!', 'Get it finished!', 'Put it down!' were phrases applied to all pleasurable activities. He gulped down his food, drank large amounts of alcohol with astonishing rapidity to get intoxicated quickly, masturbated quickly and angrily. Here behind the impatience of the urinary character was impatience of oral origin. The same characteristic could be seen also in his choice of words and in biting remarks. He ground his teeth at those who specially angered him.

The regressive genitalization of the oral zone served principally as a cover for homosexual fantasies, e.g. fellatio, phobia of infection by the mouth. This mechanism plays an important part in the connection between homosexuality and alcoholism, although this is probably superimposed on a deeper connection based on the original mother-fixation of homosexuals. A combination of the two ideas was his feeling that the woman ought to give the man something during coitus.

It is interesting that in this case early ideas of potency were expressed orally, i.e. in his pride in eating more than his father and later in drinking more than other men.

As was to be expected, the mouth played a prominent part in his infantile theory of procreation, a curious relic of this being his belief in later life that a special diet was necessary to beget a healthy child. Part of his adult sexual fantasy was that the alcohol taken by the

woman would cause her body to swell. Later this theory became a urinary one. He urinated into holes to make things grow.

It is interesting to note that the three impulses, smelling, scopophilia and sadism, which were strongest in his infantile life, are all closely associated at the oral stage (a fact which may explain their intimate blending); this has been noted in other cases of shoe fetishism.

He always smelled while drinking, could not drink warm milk, and in spite of his craving for alcohol always swallowed it with repugnance. This repugnance was, of course, largely over-determined by its equation with excretions as a reaction against the desire to take them into his mouth. His repugnance to body smells was so great that it played an important part in his objection to coitus. He asserted that he could tell by smell whether a woman had recently been in an empty room. Smelling was the closest link between his shoe fetishism and his strong anal interests. Shoes unconsciously represented faeces because they were odorous objects detached from the body. He could not bear to handle even a desirable pair of shoes while they were hot and smelling after leaving the body; they had to cool down first. Originally he had shown a lively interest in his mother's excretions after she had left the room—like the shoes, interesting parts of her left behind that he could investigate without guilt in her absence. The colour of the shoes was important. Black shoes were disgusting, like the coal he was fond of putting in his mouth. Brown shoes had a suggestion of something attractive but forbidden. White shoes were ideal, but constantly associated with the idea of dirtying them, which combined anal and sadistic interests. The shoe fetish was, as it were, the outermost layer of attempts to deal with a repressed interest by the method of 'idealization'. It concealed a cruder interest in the 'foot' as a phallic substitute. He regarded the taking off of shoes in the presence of others as a flagrant indecency and the narcissistic factor in this idealization by fetish was clear. He regarded an interest in shoes as immeasurably superior to an interest in feet and still more to an interest in nudity, and regarded it as a unique and praiseworthy discovery of his own.

His strong scopophilic impulses were centred on the idea of a hidden penis in the woman which would reappear. The idea of any hidden phallic object reappearing in connection with a woman took many forms and caused him either pleasure or anxiety. As a small child he was pleasurably excited when little girls put out their tongues at him. The shoe itself, appearing from under the woman's skirt, was

the principal representation of this idea, but an interesting refinement of it was his intense pleasure when he saw a high heel on a woman's shoe for the first time. He felt it had been there all the time, but hidden.

Part of this pleasure was no doubt a castration reassurance, as was indeed the shoe-fetishism itself; but the prototype of this hidden and reappearing female penis was without doubt the source of pleasure to which he was so strongly fixated, i.e. the nipple of the mother—offered (appearing) and withdrawn (hidden).

One object of his alcoholic technique was to accentuate the phallic attributes of the woman, cause her nose to redden and swell, cause her shoes in some way to swell and at the same time to castrate her phallus.

Behind the transference to the woman of homosexual and hostile attitudes to the father lay a deeper motivation, i.e. his ambivalence to the nipple, which he had expressed as a child in biting the wine-glasses.

It is interesting that a large amount of his oral-sadism was transferred to his urinary activities. As a child he took delight in catching unwary cats asleep and in urinating on them. As an adult he had the fantasy of retaining his urine and urinating into the woman in order to cause her pain. During unsuccessful attempts at coitus he was satisfied if some of his semen entered her vagina, even if his penis did not. It would burn her inside. One purpose in introducing alcohol into the woman's body was that it would burn her inside! Without doubt his strongest and most repressed impulse was the sadistic one, its repression leading to complete absence of sexual initiative except in this disguised form, in which it is to be remarked that the most devastating results are brought about without once actually touching the woman. He was innocent of any form of direct physical aggression until he had got away from the woman and was alone with her shoes.

The realization of his sadistic wishes was brought about in a quasi-magical manner as if by the omnipotence of thought—an association which was particularly strong in the patient's mind and, indeed, almost a conscious one.

There is at least one interesting precedent for this particular method of gratifying strong sadistic wishes, as it were at a distance and without actual physical violence, in the perverted gratification which the poisoner Neil Cream obtained from dwelling on the agonies suffered by the woman whom he had poisoned with strychnine.

The association of sadistic and scopophilic impulses was peculiarly close. A favourite idea was that of 'killing with a glance'. Every detail of devastation had to be realized vividly by sight or visual image. Moreover, in a magical sense the desired results were brought about by looking. If he could not alcoholize the woman he could 'look' her into that state. Indeed the association of the two impulses was so intimate as to suggest a blending more on the pattern of Ferenczi's amphimixis than of Adler's *Triebverschränkung*, and raises the interesting question whether in real perversions the component impulse which is permitted gratification is not always qualitatively as well as quantitatively overcharged and at the same time substitutional, thereby adding another possibility to the means whereby, as Rank points out, a perversion represents a displaced and modified substitute for the original total infantile gratification.

Sadistic and (by identity) masochistic gratifications were equally important in connection with the fetishistic shoes. An important historical determinant was the fact that his governess compelled him as a small boy to wear tight shoes and he ended by enjoying the pain. The exciting ideas about the shoe, which produced a curious mixture of pleasure—and anger, were the idea of the compression of the foot, particularly the toe, in the shoe and the compression of the high heels in walking.

The common factor in these sado-masochistic ideas connected with shoes and feet was the idea of a solid object in a hollow object—each causing pain to the other, and it comprised the equivalents of child in uterus, nipple in mouth, faeces in rectum and penis in vagina ; but these equivalents were not of equal import from the point of view of his psychopathology. The ideas most strongly repressed, most highly charged with guilt, most strictly guarded by anxiety, were those of sadistic coitus with the mother and consequent castration of the mother.

We can now sum up the motives in his sexual technique of giving a woman alcohol.

The revenge motives were : 1. To make the withdrawn nipple appear and punish it. 2. Revenge for anal discipline, which had been specially severe in his childhood, by making her dirty and untidy. 3. Revenge for her hypocrisy in deceiving him with the father, by unmasking her sexuality and exposing her as a prostitute.

In doing so he gratified his strong scopophilic impulses in various ways, but mainly in reconstituting a scene of parental coitus.

It gratified his genital sadism as an act of sadistic coitus on the parental model; his anal sadism by 'putting his mark on her', i.e. possessing her (he never felt that anything belonged to him—books, papers, etc.—till he had dirtied them); his older anal and oral sadism at the stages described by Abraham in rejecting the shoes (throwing them angrily away after masturbating) or injuring, i.e. destroying them.

Moreover, the complete Œdipus situation, positive and negative, is represented, for he vividly identifies himself with the woman and also takes alcohol himself. The scene, therefore, represents sadistic coitus with the mother and castration of the mother, homosexual relations with the father and castration of the father.

The punishment aspect of the situation is achieved in talion fashion by the use of the same agent, alcohol. He consciously knew that by taking alcohol in excess he was injuring his potency and had often been told that he was committing suicide. His father had said that he would die as his mother had died, and unconsciously he had felt himself responsible for her death. Drinking, he said, was the greatest crime next to murder, but it was also a suicide which atoned for murder.

But the punishment is a real punishment. This is also true of the intoxication manias (Sachs), of the perversions (Rank and Sachs), and of the neurotic character (Alexander). Sachs has described the intoxication manias as standing midway between the obsessional neurosis and perversions.

* *

*

Here we have a condition which resembles the obsessional neurosis not only in its underlying tendencies but in the compulsive nature of its rituals. In his drinking habits and in masturbating with the shoes a ritual of arranging them had to be carried out before the masturbatory act could be successful. But at the same time it is a compulsion which is accompanied not only by the real pleasure of intoxication, but the real sexual pleasure of the pervert.

We might complete the series by including the neurotic character, which incidentally forms a link with the normal, since many oral characteristics, tendencies to over-eating, to the moderate use of alcohol and tobacco, combine gratification with a varying amount of real punishment, at the same time escaping notice because society in most countries regards them as more or less normal and permissible.

When this is not the case, as in America, where there is not only

prohibition of alcohol, but organized attempts to prohibit smoking, we see a reaction against their secret libidinal character largely due to displacement from the genital to the oral zone in a puritanical society. My patient was very emphatic that a satisfactory sexual life was impossible in America.

Mention of the social significance of drinking reminds us of its constant association with repressed homosexuality. This connection is confirmed in the present case in a curious way, namely, by the fact that my patient avoided drinking with men. The reason is obvious—since drinking had for him a conscious sexual significance, to drink with men would have endangered the repression of his homosexuality. Besides, as I have pointed out, the investment of the woman with masculine attributes supplied an outlet for his repressed homosexual inclinations. He slept with his wife in the same position in all details as that in which he had slept with his father.

An interesting connection between his alcoholism and his homosexuality was the fact that he used alcohol himself, apart from its euphoric effect, for two conscious reasons: 1. To suppress his conscious wish to fantasy himself a woman. 2. To suppress his anxiety and guilt when he practised his sexual technique against the woman. Alcohol, in short, was his sovereign protection against castration anxiety and guilt, both actually as a narcotic, and symbolically, for when he had masturbated or performed coitus he was anxious till he drank alcohol and felt like a battery recharged. Indeed, the part that alcohol played in this case suggests the possibility of a deeper connection than has yet been fully worked out between man's use of alcohol and his struggle to overcome his Oedipus wishes.

Strong as his unconscious homosexuality undoubtedly was (as is shown by his wild paranoidal symptoms at the height of his illness), it was by no means the pathogenic focus of his illness, for this was essentially the result of a failure to master castration anxiety and guilt.

The fact that he was a seven-months child suggests the likelihood that he came into the world burdened with a load of birth anxiety which was carried over to the trauma of weaning and thence to his castration fear; but here a theoretical point arises which is of some current interest.

At an early stage of his analysis, when he was still in a state of acute conscious resistance, he had no difficulty in recognizing himself the significance of a number of pre-natal fantasies, even when these were accompanied by conscious dread, such as dreams of being com-

pressed in a narrow tunnel, fears of entering the London Underground, etc. It was very much later in his analysis, after overcoming strong resistance, that he could accept the repressed significance of his own earlier interpretations, i.e. incestuous intercourse. We are therefore forced to the conclusion that in the psycho-analytical sense of a symbol the idea of returning to the mother's womb symbolized the idea of incestuous intercourse with the mother. That is to say, while the anxiety affect avoided by the primary repression was displaced in series to the trauma of weaning and to the castration fear, the idea excluded by secondary repression was the idea of incest, and this carried its own specific affect of guilt which brings the individual under social influence via the father and the ego-ideal.

Another patient, completely impotent, used as a symbol of incest the idea of introducing his whole body into a woman. The present patient as a child was terrified by the idea of putting his finger into machinery or his hand in a rabbit-hole, and as a boy thought it would not be safe to have intercourse with a woman till his penis had grown a hard horny surface to protect it from injury! An interesting combination of the two ideas was another early belief that the penis required an operation before it was ready for coitus.

His various pathological states were all attempts to master not only castration-anxiety but incestuous guilt, and in analysis his castration anxiety showed itself as a resistance against the uncovering of guilt.

Perversion-formation which, as Rank points out, achieves the repudiation of guilt was not successful because it stopped short of being a real perversion. If perversion-formation had been successful he would, I think, have been a voyeur instead of a shoe fetishist—a sadist instead of an intoxicator of women.

It is further interesting to note that his shoe-fetishism was an alternative expression of tendencies towards infantile kleptomania.

But when his shoe-fetishism failed he continued the same mechanism of symbolic displacement. Interest in shoes and in alcohol had been permitted by the father, just as within bounds they are socially permissible, so he extended the process and alcoholization replaced the forbidden sexual activities as a sort of pseudo-perversion. His shoe-fetishism and his technique of alcoholization constituted an unstable compromise between his intense castration fear and guilt on the one hand and his incestuous, scopophilic and sadistic impulses on the other.

In this way perversion-formation joined hands with neurosis on

one side (he had throughout life a number of phobias and minor compulsions) and with neurotic character-formation on the other. Even this combination was not successful. Anxiety and guilt still haunted his perverted sexual activity. To master this anxiety and to punish himself for his guilt he had to drink increasingly large quantities of alcohol till his narcissistic regression over-invested his homosexuality en route and led to the temporary appearance of mild paranoidal tendencies.

Thus a vicious circle was set up which in time would have resulted in a declared psychosis and would have been recorded in asylum statistics as 'insanity due to alcoholism'.

The patient's striking fixation at the oral stage, together with the focussing of the greater part of his Oedipus-complex, both positive and negative, on the mother, two phenomena which Abraham has found to be characteristic of melancholic states, suggest the question 'Why did this patient escape that psychosis?'

I am indebted to Abraham's description of a stage of partial object love for the answer.

The patient's narcissistic regression stopped short at this stage. His fetishistic 'partial object' enabled him to retain in times of stress not only a positive bond with the object, but an object on which to discharge his most deeply repressed anal and oral sadistic tendencies. An interesting reminder in later life of this archaic mechanism was the fact that during a prolonged absence from his wife, if her letters pleased him he would masturbate looking at her photograph; if they displeased him he would masturbate looking at a pair of her shoes, finishing up by hurting them and flinging them away.

The most striking feature of this case is the way in which one single theme—suckling and the traumatic interruption of suckling—runs with variations through his entire psychosexual development, every stage of which can be stated in terms of his two primal fetishes—the nipple and the fluid that comes out of it. This led me to the discovery (which I consider of purely theoretical interest) that every stage of everyone's psychosexual development and every variety of abnormal psychosexual activity can be stated in terms of their suckling situation and its traumatic consequences, just as it can be stated and has been stated in terms of the birth trauma or of intestinal reactions.

But before discussing the theoretical implication of this fact I should like to single out the possibility that in certain cases, like the present, the trauma of weaning may actually prove decisive for

subsequent psychosexual development, though in seeking to isolate the operation of pre-*Œdipus* influences on psychosexual development it is obvious that the greatest caution and circumspection is necessary.

Cases in which the individual remains neurotically fixated to the woman as mother and partial father-substitute are of special practical and theoretical interest. I have ventured to describe them as belonging to a disappointed anaclitic type, and think that oral traumata play an important part in their development, although not such a disastrous part as in the melancholias, for a large amount of investment of the object is retained.

There is a stage in the development of the male infant when the nipple forms the nucleus of ever-widening relations with the outer world, as *Stärcke* has pointed out, and when, as *Ferenczi* has pointed out, the genital forms the narcissistic nucleus of the self. Here we have the two primal fetishes, and marked emphasis on one or another will, in the case of the man, lay the basis of a narcissistic or an anaclitic type of love.

There will be a tendency to compensate for withdrawal of the object-fetish by pleasurable interest in the subject-fetish, grasping activity being substituted for sucking activity (although in one of my patients the desire to take his own penis in his mouth lasted into adult life). In normal development the subject-fetish is readily relinquished when the object-fetish reappears, and only regains its importance in later life in relation to an object.

This simple antithesis, occurring before any clear differentiation of subject and object takes place, is of course complicated both by primary object-identifications and by identifications resulting from the dynamics of the *Œdipus* situation ; but taking it as a ground-plan it is possible to bring into relationship to it the various consequences of a failure on the part of the male to overcome his libidinal attachment to his mother on normal lines.

Leaving out of account psychotic solutions, these failures can be roughly classified according to the completeness of the identification with the mother.

The most complete is the passive homosexual solution, on the model of the negative *Œdipus* situation. Here the final fetish is the penis of the father ; but in turning a complete circle the libido has found, via another erotogenic zone, its original object-fetish as well.

Next comes the homosexual solution in which the individual,

identifying himself with the mother, takes as love object a male representing himself and his subject-fetish the penis.

Then comes a type in which the individual, identifying himself with his mother, tends to treat himself and his own penis as a love object exactly on the primary model of the child compensating himself for the absence of maternal attention, although he maintains a fair amount of object-investment as well. One of my patients quite consciously played the part of mother towards himself generally and his penis in particular. When an onanistic impulse troubled him he personified his erect penis as his childish pleasure-seeking self, detecting a facial resemblance in the glans, and addressed it as follows: 'Why are you smiling up at me like that, you little wretch? You want me to masturbate, do you? Well, if you give me good reasons perhaps I will'.

These foregoing types are in varying degrees indifferent to women and manage to exist comfortably without their society. Perhaps the commonest representative of the last type is the self-indulgent bachelor who, in English slang, 'does himself well'.

There remains a group in which failure to overcome the Œdipus-relation leaves the individual unable to detach himself from the woman to whom he remains ambivalently bound, yet equally unable to find a narcissistic solution on the above lines, or fleeing actively from homosexual solutions.

We find in their psychology—disappointment following withdrawal of libido after the Œdipus-repression; behind that—hurt anger against anal discipline; behind that—the trauma of weaning, and behind that the inherited factor manifested as sensitive reaction to the birth trauma. It seems to me likely that a fairly strong fixation at the stage of oral ambivalence merging into strong anal ambivalence towards the mother plays a decisive part in the development of this 'thwarted anaclitic type' in men, which can be detected in some as neurotic conditions, in some as perversions, and above all in neurotic character-formations working out their compulsory repetitions in unhappy marriages. In the present case the coexistence of all three forms of attempted solution is at least significant.

THE PSYCHOLOGICAL PRINCIPLES OF INFANT ANALYSIS

BY

MELANIE KLEIN

LONDON

In the following paper I propose to discuss in detail certain differences between the mental life of young children and that of adults. These differences require us to use a technique adapted to the mind of the young child, and I shall try to show that there is a certain analytical *play-technique* which fulfils this requirement. This technique is planned in accordance with certain points of view which I shall discuss in some detail in this paper.

As we know, children form relations with the outside world by directing to objects from which pleasure is obtained the libido that was originally attached exclusively to the child's own ego. A child's relation to these objects, whether they be living or inanimate, is in the first instance purely narcissistic. It is in this way, however, that children arrive at their relations with reality also. I should like to illustrate the relation of young children to reality by means of an example.

Trude, a child of three and a quarter, went on a journey with her mother, having previously had a single hour's analysis. Six months later the analysis was continued. It was only after some considerable time that she spoke of anything that had happened to her in the interval, the occasion of her touching on it being a dream which she related to me. She dreamt that she was with her mother again in Italy, in a familiar restaurant. The waitress did not give her any raspberry-syrup, for there was none left. The interpretation of this dream showed, amongst other things, that the child was still suffering from the deprivation of the mother's breast when she was weaned; further, it revealed her envy of her little sister. As a rule Trude told me all sorts of apparently irrelevant things, and also repeatedly mentioned details of her first hour's analysis six months previously, but it was only the connection with the deprivation she had experienced which caused her to think of her travels, otherwise they were of no interest to her.

At a very early age children become acquainted with reality through the deprivations which it imposes on them. They try to defend them-

selves against it by repudiating it. The fundamental thing, however, and the criterion of all later capacity for adaptation to reality, is the degree in which they are able to tolerate the deprivations that result from the Œdipus-situation. Hence, even in little children, an exaggerated repudiation of reality (often disguised under an apparent 'adaptability' and 'docility') is an indication of neurosis and differs from the flight from reality of adult neurotics only in the forms in which it manifests itself. Even in the analysis of young children, therefore, one of the final results to be attained is successful adaptation to reality. One way in which this shows itself in children is in the disappearance of the difficulties encountered in their education. In other words, such children have become capable of tolerating real deprivations.

Observation of children often shows, as early as in the beginning of their second year, a marked preference for the parent of the opposite sex and other indications of incipient Œdipus-tendencies. *When* the ensuing conflicts begin, that is, at what point the child actually becomes dominated by the Œdipus-complex, is less clear; for we infer its existence only from certain changes which we notice in the child.

The analysis of one child of two years and nine months, another of three years and a quarter, and several children of about four years old, has led me to conclude that, in them, the Œdipus-complex exercised a powerful influence as early as their second year.¹ I will illus-

¹ With this conclusion is very closely connected a second, which I can only indicate here.

In a number of children's analyses I discovered that the little girl's choice of the father as love-object ensued on weaning. This deprivation, which is followed by the training in cleanliness (a process which presents itself to the child as a new and grievous withdrawal of love), loosens the bond to the mother and brings into operation the heterosexual attraction, reinforced by the father's caresses, which are now construed as a seduction. As a love-object the father, too, subserves in the first instance the purpose of oral gratification. In the paper which I read at the Salzburg Congress in April, 1924, I gave examples to show that children at first conceive of, and desire, coitus as an oral act.

I think that the effect of these deprivations on the development of the Œdipus-complex in *boys* is at once inhibitory and promotive. The *inhibitory* effect of these traumas is seen in the fact that it is they to which the boy subsequently reverts whenever he tries to escape from his mother-fixation and which reinforce his inverted Œdipus-attitude. The circum-

trate this from the development of a little patient. Rita showed a preference for her mother up to the beginning of her second year; after that she showed a striking preference for her father. For instance, at the age of fifteen months she would constantly demand to stay alone in the room with him and, sitting on his knee, look at books with him. At the age of eighteen months, however, her attitude changed again, and once more she preferred her mother. Simultaneously she began to suffer from *pavor nocturnus* and a dread of animals. She developed an excessive fixation to her mother and a very pronounced father-identification. At the beginning of her third year she displayed increasing ambivalence, and was more and more difficult to train, so that when she was two years and nine months she was brought for analytic treatment. At this time she had for some months shown very considerable inhibition in play, as well as an inability to tolerate deprivations, an excessive sensitivity to pain, and marked moodiness. The following experiences had contributed to this development. Up till the age of nearly two years Rita had slept in her parents' room, and the effects of the primal scene showed plainly in her analysis. The occasion of the outbreak of her neurosis, however, was the birth of her little brother. Soon after this, still greater difficulties manifested themselves and constantly increased. There can be no doubt that there is a close connection between neurosis and such profound effects of the Oedipus-complex experienced at so early an age. I cannot determine whether it is neurotic children whom the early working of the Oedipus-complex affects so intensely, or whether children become neurotic because this happens to them. It is, however, certain that experiences such as I have mentioned here make the conflict more severe and therefore either increase the neurosis or cause it to break out.

I will now select from this case the features which the analysis of children of different ages has taught me are typical. They are seen most directly in the analysis of *little* children. In several cases in

stance that these traumas, which pave the way for the castration-complex, proceed from the mother is also, as I have proved, the reason why in both sexes it is the mother who in the deepest strata of the unconscious is specially dreaded as castrator.

On the other hand, however, the oral and anal deprivation of love appears to *promote* the development of the Oedipus-situation in boys, for it compels them to change their libido-position and to desire the mother as a genital love-object.

which I analysed anxiety-attacks in quite little children, these attacks proved to be the repetition of a *pavor nocturnus* which had occurred in the second half of the child's second year and at the beginning of its third year. This fear was at once an effect and a neurotic elaboration of the Œdipus-complex. There are innumerable elaborations of this sort and they lead us to certain positive conclusions as to the effects of the Œdipus-complex.²

Amongst such elaborations, in which the connection with the Œdipus-situation was quite clear, are to be reckoned the way in which children constantly fall and hurt themselves, their exaggerated sensitivity, their incapacity to tolerate deprivations, their inhibitions in play, their highly ambivalent attitude towards festive occasions and presents, and finally, various difficulties in education which often make their appearance at a surprisingly early age. But I found that the cause of these very common phenomena was a particularly strong sense of guilt, the development of which I will now examine in detail.

How strongly the sense of guilt operates even in *pavor nocturnus* I will show from an example. Trude, at the age of four and a quarter, constantly played in the analytic hour that it was night. We both had to go to sleep. Then she came out of the particular corner which she called her room, stole up to me and made all sorts of threats. She would stab me in the throat, throw me into the courtyard, burn me up, or give me to the policeman. She tried to tie my hands and feet, she lifted the sofa-cover and said she 'was making 'po-kacki-kucki'.'³

It turned out that she was looking into the mother's 'popo' for the kackis, which to her represented children. Another time she wanted to hit me on the stomach and declared that she was taking out the 'a-a's' (fæces) and making me poor. She then pulled down the cushions, which she constantly called 'children', and hid herself with them in the corner of the sofa, where she crouched down with vehement signs of fear, covered herself up, sucked her thumb and wetted herself. This always directly followed her attacks on me. Her attitude was, however, similar to that which, at the age of not quite two, she had adopted in bed when she began to suffer from intense

² The close connection of such elaborations with anxiety has already been demonstrated by me in my paper on *Infant Analysis* (this JOURNAL, Vol. VII, 1926), where I discussed the relation between anxiety and inhibition.

³ *Popo* = buttocks. *Kacki* = fæces. *Kucki, Kuchen* = look

pavor nocturnus. At that time, too, she used constantly to run into her parents' bedroom in the night without being able to tell them what she wanted. When her sister was born she was two years old, and the analysis succeeded in revealing what was in her mind at the time and also what were the causes of her anxiety and of her wetting and dirtying her bed. Analysis also succeeded in getting rid of these symptoms. At that time she had already wished to rob her mother, who was pregnant, of her children, to kill her and to take her place in coitus with the father. These tendencies to hate and aggression were the cause of her fixation to her mother (which, at the age of two years, was becoming peculiarly strong), the cause also of her sense of anxiety and guilt. At the time when these phenomena were so prominent in Trude's analysis, she managed to hurt herself almost always just before the analytic hour. I found out that the objects against which she hurt herself (tables, cupboards, stoves, etc.), signified to her (in accordance with the primitive childish identification) her mother, or at times her father who was punishing her. In general I have found, especially in very little children, that constantly 'being in the wars' and falling and hurting themselves is closely connected with the castration-complex and the sense of guilt.

Children's games enable us to form certain special conclusions about the infantile sense of guilt. As early as her second year, those with whom Rita came into contact were struck by her remorse for every naughtiness, however small, and her hypersensitiveness to any sort of blame. For instance, she burst into tears when her father playfully threatened a bear in a picture-book. Here, what determined her identification with the bear was her fear of blame from her *real* father. Again, her inhibition in play proceeded from her sense of guilt. When she was only two and a half she repeatedly declared, when playing with her doll (a game which she did not much enjoy), that she was not the baby-doll's mother. Analysis showed that she did not *dare* to play at being the mother because the baby-doll stood to her amongst other things for the little brother whom she had wanted to take away from her mother, even during the pregnancy. But here the prohibition of the childish wish no longer emanated from the *real* mother, but from an introjected mother, whose rôle she enacted for me in many ways and who exercised a harsher and more cruel influence upon her than her real mother had ever done. One obsessional symptom which Rita developed at the age of two was a sleep-ceremonial which wasted a great deal of time. The main point of this was

that she insisted on being tightly rolled up in the bed-clothes for fear that 'a mouse or a buttie might come through the window and bite off her buttie (genital)'.⁴ Her games revealed other determinants: the doll had always to be rolled up in the same way as Rita herself, and on one occasion an elephant was put beside its bed. This elephant was supposed to prevent the baby-doll from getting up; otherwise it would steal into the parents' bedroom and do them some harm or take something away from them. The elephant (a father-imago) was intended to take over the part of hinderer. This part the introjected father had played within her since the time when, between the ages of eighteen months and two years, she had wanted to usurp her mother's place with her father, to steal from her mother the child with which she was pregnant, and to injure and castrate the parents. The reactions of rage and anxiety which followed on the punishment of the 'child' during such games showed, too, that Rita was inwardly playing both parts: that of the authorities who sit in judgement and that of the child who is punished.

A fundamental and universal mechanism in the game of acting a part serves to separate those different identifications at work in the child which are tending to form a single whole. By the division of rôles the child succeeds in expelling the father and mother whom, in the elaboration of the Œdipus-complex, it has absorbed into itself and who are now tormenting it inwardly by their severity. The result of this expulsion is a sensation of relief, which contributes in great measure to the pleasure derived from the game. Though this game of acting often appears quite simple and seems to represent only primary identifications, this is only the surface appearance. To penetrate behind this appearance is of great importance in the analysis of children. It can, however, have its full therapeutic effect only if the investigation reveals all the underlying identifications and determinations and, above all, if we have found our way to the sense of guilt which is here at work.

In the cases which I have analysed the inhibitory effect of feelings of guilt was clear at a very early age. What we here encounter corresponds to that which we know as the super-ego in adults. The fact

⁴ Rita's castration-complex manifested itself in a number of neurotic symptoms as well as in the development of her character. Her games, too, showed clearly her very strong father-identification and her fear of failing in the male rôle—an anxiety which had its origin in the castration-complex.

that we assume the Œdipus-complex to reach its zenith somewhere about the fourth year of life and that we recognize the development of the super-ego as the end-result of the complex seems to me in no way to contradict these observations. Those definite, typical phenomena, the existence of which in the most clearly developed form we can establish when the Œdipus-complex has reached its zenith and which precede its waning, are simply the termination of a development which occupies *years*. The analysis of little children shows that, immediately the Œdipus-complex arises, they begin to work it through and thereby to develop the super-ego.

The effects of this childish super-ego upon the child are analogous to those of the super-ego upon the adult, but they weigh far more heavily upon the weaker, childish ego. As the analysis of children teaches us, we strengthen that ego when the analytic procedure curbs the excessive demands of the super-ego. There can be no doubt that the ego of little children differs from that of older children or of adults. But, when we have freed the little child's ego from neurosis, it proves perfectly equal to such demands of reality as it encounters—demands as yet less serious than those made upon adults.⁵

Just as the minds of little children differ from those of older children, so their reaction to psycho-analysis is different in early childhood from what it is later. We are often surprised at the facility with which *for the time being* our interpretations are accepted: sometimes children even express considerable pleasure in them. The reason why this process is different from that met with in the analysis of adults is that in certain strata of the child-mind there is a much easier communication between Cs and Ucs, and therefore it is much simpler to retrace the steps from the one to the other. This accounts for the rapid effect of our interpretation, which of course is never given except on the basis of adequate material. Children, however, often produce such material surprisingly quickly and in amazing variety. The effect, too, is often astonishing, even when the children have not seemed at all

⁵ Children cannot change the circumstances of their lives, as adults often do at the end of an analysis. But a child has been very greatly helped if, as a result of analysis, we enable him to feel more at ease in the existing circumstances and to develop better. Moreover, the clearing-up of neurosis in children often diminishes the difficulties of their *milieu*. For instance, I have repeatedly proved that the mother's reactions were much less neurotic when favourable changes took place in her children after analysis.

receptive of the interpretation. The play which was interrupted owing to the setting-up of resistances is resumed ; it deepens, expands and expresses deeper strata of the mind ; the relation between the child and the analyst is strengthened. The pleasure in play, which visibly ensues after an interpretation has been given, is also due to the fact that the expenditure necessitated by a repression is no longer required after the interpretation. But soon we once more encounter resistances for a time, and here matters are no longer made easy by what has gone before. On the contrary, we have to wrestle with the greatest possible difficulties. This is especially the case when we encounter the sense of guilt.

In their play children represent symbolically phantasies, wishes and experiences. Here they are employing the same language, the same archaic, phylogenetically-acquired mode of expression as we are familiar with from dreams. We can only fully understand it if we approach it by the method Freud has evolved for unravelling dreams. Symbolism is only a part of it ; if we want rightly to comprehend children's play in connection with their whole behaviour during the analytic hour, we must take into account not only the symbolism which often appears so clearly in their games, but also all the means of representation and the mechanisms employed in dream-work, and we must bear in mind the necessity of examining the whole nexus of phenomena.⁶

⁶ My analyses repeatedly demonstrate how many different things dolls, for example, can mean in play. Sometimes they stand for the penis, sometimes for the child stolen from the mother, sometimes for the little patient itself, etc. It is only by examining the minutest details of the game and their interpretation that the connections are revealed, without which our results must remain imperfect. The *material* that children produce during an analytic hour, as they pass from play with toys to dramatization in their own persons and, again, to playing with water, cutting out paper, or drawing ; the *manner* in which they do this ; the *reason* why they change from one to another ; the *means* they choose for their representations—all this medley of factors, which so often seems confused and meaningless, is seen to be in perfect conformity with a plan and the underlying sources and thoughts are revealed to us if we interpret them just like dreams. Moreover, in their play children often represent the same thing as has appeared in some dream which they have narrated before and they often produce associations to a dream by means of the play which follows it and which is their most important mode of expressing themselves.

If we employ this technique we soon find that children produce no fewer associations to the separate features of their games than do adults to the fragments of their dreams. The details of the play point the way for an attentive observer ; and, in between, the child tells all sorts of things which must be given their full weight as associations.

Besides this archaic mode of representation children employ another primitive mechanism, that is to say, they substitute actions (which were the original precursors of thoughts) for words : with children, *acting* plays a prominent part.

In *The History of an Infantile Neurosis*,⁷ Freud says ; ‘ An analysis which is conducted upon a neurotic child itself must, as a matter of course, appear to be more trustworthy, but it cannot be very rich in material ; too many words and thoughts have to be lent to the child, and even so the deepest strata may turn out to be impenetrable to consciousness ’.

If we approach children with the technique appropriate to the analysis of adults we shall assuredly not succeed in penetrating to the deepest layers of the child’s mental life. But it is precisely these layers which are of moment for the value and success of an analysis. If, however, we take into account the psychological differences between children and adults and bear in mind the fact that in children we find *Ucs* still in operation side by side with *Cs*, the most primitive tendencies side by side with those most complicated developments known to us, such as the super-ego—if, that is to say, we rightly understand the child’s mode of expression, all these doubtful points and unfavourable factors vanish. For we find that, as regards the depth and scope of the analysis, we may expect as much from children as from adults. And more still, in the analysis of children we can go back to experiences and fixations which in analysing adults we can only *reconstruct*, while in children they are *directly* represented.⁸ Take

⁷ *Collected Papers*, Vol. III, p. 475.

⁸ At the Eighth International Psycho-Analytical Congress, held in Salzburg in 1924, I showed that a fundamental mechanism in children’s play and in all subsequent sublimations is the discharge of masturbation-phantasies. This underlies all play-activity and serves as a constant stimulus to play (compulsion to repetition). Inhibitions in play and in learning have their origin in an exaggerated repression of these phantasies and, with them, of all phantasy. Sexual experiences are associated with

for instance, the case of Ruth who, as an infant, had gone hungry for some time because her mother had little milk to give her. At the age of four years and three months, when playing with the wash-basin, she called the water-tap a milk-tap. She declared that the milk was running into mouths (the holes of the waste-pipe), but that only a very little was flowing. This unsatisfied oral demand made its appearance in countless games and dramatizations and showed itself in her whole attitude. For instance, she asserted that she was poor, that she only had one coat, and that she had very little to eat—none of these statements being in the least in accordance with reality.

Another little patient who suffered from obsessional neurosis was the six-year-old Erna, whose neurosis was based on impressions received during the period of training in cleanliness.⁹ These impressions she dramatized for me in the minutest detail. Once she placed a little doll on a stone, pretended that it was defæcating and stood other dolls round it which were supposed to be admiring it. After this dramatization Erna brought the same material into a game of acting. She wanted me to be a baby in long clothes which made itself dirty, while she was the mother. The baby was a spoilt child and an object of admiration. This was followed by a reaction of rage in Erna, and she played the part of a cruel teacher who knocked the child about. In this way Erna enacted before me one of the first traumata [in] her experience: the heavy blow her narcissism

the masturbation-phantasies and, with these, find representation and abreaction in play. Amongst the experiences dramatized, representations of the primal scene play a prominent part and they regularly appear in the foreground of the analyses of young children. It is only after a considerable amount of analysis, which has partially revealed the primal scene and the genital development, that we come on representations of pregenital experiences and phantasies.

⁹ This training, which Erna had felt as a most cruel act of coercion, was in reality accomplished without any sort of harshness and so easily that, at the age of one year, she was perfectly clean in her habits. A strong incentive was her unusually early developed ambition, which, however, caused her to face all the measures taken to train her from the very beginning as an outrage. This early ambition was the primary condition of her sensitiveness to blame and of the precocious and marked development of her sense of guilt. But it is a common thing to see these feelings of guilt already playing a very big part in the training in cleanliness, and we can recognize in them the first beginnings of the super-ego.

received when she imagined that the measures taken to train her meant the loss of the excessive affection bestowed on her in her infancy.

In general, in the analysis of children we cannot over-estimate the importance of translation into action and of phantasy at the bidding of the compulsion to repetition. Naturally, *little* children use the vehicle of action to a far greater extent, but even older ones constantly have recourse to this primitive mechanism, especially when analysis has removed some of their repressions. It is indispensable for carrying on the analysis that children should have the pleasure that is bound up with this mechanism, but the pleasure must always remain only a means to the end. It is just here that we see the predominance of the pleasure-principle over the reality-principle. We cannot appeal to the sense of reality in little patients as we can in older ones.

Just as children's means of expression differ from those of adults, so the analytic situation in the analysis of children is of a wholly different character. It is, however, in both cases *essentially* the same. Constant interpretation, the gradual solving of resistances and the constant tracing of the transference to earlier situations—these constitute in children as in adults the correct analytic situation.

I have said that in the analysis of young children I have again and again proved how rapidly the interpretations take effect. It is a striking fact that, though there are numerous unmistakable indications of this effect: the development of play, the consolidating of the transference, the lessening of anxiety, etc., nevertheless for quite a long time the child does not consciously elaborate the interpretations. I have been able, however, to prove that this elaboration does set in later. For instance, children begin to distinguish between the 'pretence' mother and the real mother and between the wooden baby-doll and the live baby-brother. They then firmly insist that they wanted to do this or that injury to the toy-baby only—the real baby, they say, of course they love. Only when very powerful and long-standing resistances have been overcome, do children admit that their aggressive acts were directed against the *real* objects. When this admission is made, however, the result, even in quite little children, is generally a notable step forward in adaptation to reality. My impression is that the interpretation is at first only unconsciously assimilated. It is not till later that its relation to reality gradually penetrates the child's understanding. The process of enlightenment is analogous. For a

long time analysis brings to light only the material for sexual theories and birth-phantasies and interprets this material without any 'explanation.' Thus, enlightenment takes place bit by bit with the removal of the unconscious resistances which operate against it.

Hence, the first thing that happens as a result of psycho-analysis is that the emotional relation to the parents improves; it is only when this has taken place that understanding comes. This understanding is admitted at the bidding of the super-ego, whose demands have been modified by analysis so that it can tolerate and comply with an ego which is less oppressed and therefore stronger. Thus the child is not *suddenly* confronted with the situation of admitting a new knowledge of its relation to the parents or, in general, of being obliged to absorb knowledge which burdens it. It has always been my experience that the effect of such knowledge, gradually elaborated, is simply to *relieve* the child, to establish a fundamentally more favourable relation to the parents and thus to increase its power of social adaptation.

When this has taken place children also are quite able to replace repression to some extent by reasoned rejection. We see this from the fact that at a later stage of the analysis children have advanced so far from various anal-sadistic or cannibalistic cravings (which at an earlier stage were still so powerful) that they can now at times adopt an attitude of humorous criticism towards them. When this happens I hear even very little children making jokes to the effect, for instance, that some time ago they really wanted to eat up their mummy or cut her into bits. When this change takes place, not only is the sense of guilt inevitably lessened, but at the same time the children are enabled to *sublimate* the wishes which previously were wholly repressed. This manifests itself in practice in the disappearance of inhibitions in play and in a beginning of numerous interests and activities.

To sum up what I have said: the special primitive peculiarities of the mental life of children necessitate a separate technique adapted to them, consisting of the analysis of their play. By means of this technique we can reach the deepest repressed experiences and fixations and this enables us fundamentally to influence the children's development.

It is a question simply of a difference of *technique*, not of the *principles* of treatment. The criteria of the psycho-analytic method proposed by Freud, namely, that we should use as our starting-point

the facts of transference and resistance, that we should take into account infantile impulses, repression and its effects, amnesia and the compulsion to repetition and, further, that we should discover the primal scene, as he requires in the 'History of an Infantile Neurosis'—all these criteria are maintained in their entirety in the play-technique. The method of play preserves all the principles of psycho-analysis and leads to the same results as the classic technique. Only it is adapted to the minds of children in the technical means employed.

DOES MASOCHISM NECESSARILY IMPLY THE
EXISTENCE OF A DEATH-INSTINCT?

BY

N. J. SYMONS

HALIFAX, CANADA

In a recent paper on *The Economic Problem in Masochism* (1924) Freud draws attention to the most incomprehensible feature in masochism, namely the pursuit of physical pain and feelings of distress as ends in themselves. If pain really is sought, as Freud maintains, as an end in itself, masochism is certainly entitled to be regarded as incomprehensible. For it is compatible neither with the pleasure- nor with the reality-principle; and its problem remains therefore so far unsolved. But since the appearance of *Beyond the Pleasure-Principle* the situation has been altered. For pain is simply the sign within consciousness of a destructive process going on within the organism; and if there is an instinct which originally aims at the death or destruction of the organism it becomes more intelligible how pain can be desired as an end in itself. Masochism is traceable to that portion of the primal sadism which the libido has been unable to deflect outwards upon objects.

But though the new conception of the death-instinct appears to solve the problem of masochism at one stroke, is there no other way out of the difficulty? An attempt will be made here to find reasons for answering in the affirmative. The masochist, it will be argued, never seeks pain as an end in itself, but only as a means to an end which is in itself pleasurable. Masochism therefore does not violate the pleasure-principle and can be explained without postulating the death-instinct.

With a view to attempting this demonstration the various forms of masochism may be divided roughly into two main classes: (1) Those cases in which a sense of guilt might conceivably be said to play no part, the masochist merely showing a paradoxical preference for painful experiences—apparently upon the ground of their specifically painful character. (2) The remaining cases, in which the suffering is clearly sought in relation to a sense of guilt, either conscious or unconscious. These classes will now be taken up in the order named.

(1) In dealing with the first and simpler group of cases a start may be made by referring to the fact, indicated by Freud in the *Three*

Contributions, that feelings of fear and painful sensations are capable of arousing sexual sensations of a pleasurable character. But it must be added here that the formation of such mixed pain-pleasure sensations is an occurrence of a merely factual or mechanical order which does not in itself constitute masochism. In order that masochism may exist a new feature must be added. The individual must manifest a specific conative reaction to the pain-pleasure sensations; that is to say, he must go on to seek out preferentially just those libidinal pleasures which are mixed with sensations of a painful character. It is here that the problem of masochism really first arises; for it seems as though pain was sought as an end in itself although unmixed libidinal pleasures are elsewhere available.

Some progress may be made towards disputing the reality of this appearance by reasoning as follows. From what has been said above it is apparent that the masochist never seeks pure pain but always pain compounded with sensations of a libidinally pleasant character. Though neither pain nor pleasure as subjective experiences are susceptible to exact quantitative measurement, it may be said that what he seeks is a total experience containing x units of pain and y units of pleasure. Now there is good reason for supposing that where the value of x exceeds that of y the whole experience is no longer desired;¹ and this view may be supported on two grounds: (a) Attention may be drawn first to a significant passage in the *Three Contributions*, in which it is pointed out that many people seek situations productive of fear or horror accompanied by pleasurable sexual excitations 'provided that certain accessory circumstances (as under imaginary circumstances in reading or in the theatre) suppress the earnestness of the painful feeling'.² Again, a few lines further on, reference is made to the arousing of erotogenic sensations by pain, 'especially if the pain be toned down or held at a distance by a subsidiary determination'.³ It may be inferred from this that the whole experience

¹ If the contrary often appears true, the explanation always involves a reference to a sense of guilt. The element of pain may be greater than the immediately aroused erotogenic sensations; but when the further source of pleasure implied in the quenching of the feeling of guilt is taken into consideration, the balance is restored in favour of pleasure. These cases, however, will be dealt with later.

² *Three Contributions to the Theory of Sex* (2nd ed.), translated by A. A. Brill, p. 64. No. 7, Nervous and Mental Disease Monograph Series.

³ *Ibid.*, p. 65.

is sought only if the pain-constituent is of a lower degree of intensity than the accompanying libidinal pleasure. (b) The same conclusion may be supported by taking a concrete example. The thrill which a child experiences on a switchback or swing, or an adult in mountaineering, is a composite experience of the kind under consideration. In one case the rush of air and the peculiar motion, in the other the risk of falling, produce feelings which are disagreeable; but these feelings are accompanied by pleasurable sexual excitations. So long as the pain-constituent remains of less intensity than the sexual gratification, the experience as a whole is desired; but as soon as the proportion is reversed the individual is glad to quit. Nor is this any less true where the masochism is of a more accentuated and undeniable character. A man may obtain sexual gratification by contemplating phantasies of brutality inflicted on his person; but the actual pain involved in these phantasies is small and in no way comparable to that caused by real torture. If such an individual is submitted to real suffering the pain-pleasure proportion is reversed and (with the exception of certain cases where the pain is sought in relation to a sense of guilt) he desires to end the situation. In none of these cases therefore can pain be regarded as an end in itself.

But although this be conceded, there are two objections which have not been taken into account. When y units of pleasure were spoken of as outweighing x units of pain, it was implied that a process of subtraction or cancelling took place which annihilated the pain and left a remainder of pure pleasure. But this, it will be urged, does not actually take place; though the whole experience is more pleasurable than painful, pain still remains as an integral element. And in the second place, if this be granted, it remains unexplained why the masochist prefers pain-conditioned libidinal pleasures to those which, while being of equal or greater intensity, are not conditioned by pain.

The truth contained in the first objection may be readily admitted. In the total experience the element of pain still survives; although, from the other side, it may equally well be urged that the pain does not remain qualitatively unaltered, but as in the case of a chemical compound survives only in a transmuted form. This is probably true of both elements in the pain-pleasure compound; neither remains as it would be by itself, but the fusion gives rise to a new whole of unique affective quality. The new whole, however, must still be admitted to be predominantly pleasurable. The second objection is, as it stands, unanswerable, but for the simple reason that it rests upon a mis-

statement of facts. For it is implied that the masochist is in a position to realize forms of libidinal gratification which are not conditioned by antecedent pain while being of equal or greater intensity than those which are pain-conditioned. But the truth of this supposition is very far from being apparent. For it may well be that owing to a peculiarity, either constitutional or acquired, the capacity of painful sensations to arouse pleasurable sexual sensations is in the masochist unusually exaggerated; libidinal pleasures conditioned in this way actually have in his case a greater intensity than any others. Or alternatively, it may be that the masochist simply cannot develop any sexual feeling at all except upon the condition of precedent pain.

It is, of course, precisely these facts which call for explanation; and the explanation must be as follows: (a) If the libidinal sensations aroused by pain have a greater pleasure-value for the masochist than any others, the source of this peculiarity must be sought *either* in a suitable experience of childhood which later acts as a magnetic centre of attraction for the increased volume of libido *or* in a constitutional exaggeration of the generally recognized pain-libido relationship. In all probability the 'accidental' and constitutional factors will be combined here as elsewhere. But if the constitutional causes are emphasized it seems more natural to seek their origins by renewed study of the connections effected through the autonomic nervous system than to have recourse to a speculative death-instinct. (b) If, on the other hand, it turns out that the masochist simply cannot bring into play any libidinal cathexes at all except upon a preliminary basis of pain, and that, since like all men he desires libidinal gratification, he has to take the road through pain—then the explanation here turns upon a reference to feelings of guilt. If it is assumed that in the masochist the conscious liberation of sexual feeling has undergone a general inhibition owing to feelings of guilt arising out of the Œdipus-complex, it is not difficult to understand why he can experience sexual gratification only upon a basis of pain. Since sexual feeling is repressed by guilt, it can be liberated only by pain which acts in advance as a solvent (being apperceived either consciously or unconsciously as punishment) of the renewed feelings of guilt otherwise destined to break out with each new sexual indulgence. The masochist is, in this respect, like a man who deals at a shop where he has no credit; he has to pay in advance for what he wants. He punishes himself to offset the feelings of guilt aroused by sexual indulgence; but he has to do this in advance and so can find a road to libidinal gratification

only through pain. It is of course not necessary that he should be clearly conscious of the nature of his procedure.

In putting forward the above explanation a transition has already been made to the second main class of masochistic formations, namely those involving a sense of guilt. So far an attempt has been made to show that the masochist never seeks pure pain, but always pain-pleasure experiences which are predominantly pleasurable: and that his preference for pain-conditioned libidinal satisfactions can be explained upon grounds which do not necessitate the theory of a special death-instinct. In passing to the second class of masochistic phenomena we shall try to show that the older conception of masochism as sadism turned back upon the ego by feelings of guilt satisfactorily covers all the facts; and that the examples of an alleged repetition-compulsion upon which the theory of the death-instinct is based in *Beyond the Pleasure-Principle* are capable of being interpreted in terms of the pleasure-principle.

(2) In undertaking the first part of this task, reference will be made chiefly to Freud's two papers 'A Child is Being Beaten' (1919) and 'The Economic Problem in Masochism' (1924). So far as the second paper is concerned it is not necessary here to press the distinction between the *feminine* and *moral* types of masochism; for the latter is evidently only an extension or refinement of the former. In the 1924 paper moral masochism is shown to arise out of feelings of guilt connected with the Œdipus-complex: but if both the above-mentioned papers are carefully read it is apparent that the phantasy of being beaten (which is equivalent to the feminine masochism in the 1924 paper) is also an indirect product of the Œdipus-complex. The only difference which exists between the two types lies in the greater tendency to generalization and displacement observable in moral masochism. The punishment here may take the form of any kind of suffering or misfortune; and the father is replaced by numerous substitute-figures, of which the most abstract is God or Fate.

In the 1919 paper the masochistic beating phantasies are represented as arising as follows. The explanation put forward pre-supposes in the persons concerned: (a) A constitutional tendency to fixation at the anal-sadistic level. (b) The existence of the Œdipus-complex. The repression of the Œdipus-complex is associated with feelings of guilt and also reanimates by regression the anal and sadistic components. Since the reinforced sadism is in turn repressed by the feeling of guilt, it is turned back upon the ego and in combination with the anal factor

gives rise to the phantasy of being beaten—in the unconscious, by the father. Since this phantasy is simply a regressive substitute for the Œdipus-complex it obviously has an erotic value: but it also contains a further element. The pain which attends the idea of being beaten serves to satisfy the craving for punishment which arises out of the feeling of guilt.

In this sequence of events there is nothing that violates the pleasure-principle. Pain is not sought as an end in itself; and the phantasy is predominantly pleasurable. This can best be shown by enumerating briefly the various kinds of pleasure involved. These are: (1) The specific libidinal pleasure bound up with the gratification of the anal component. (2) The pleasurable erotogenic sensations arising out of the pain-libido relationship. (3) The intensification of the pleasure derived from these two sources by the gratification through them of the libido which finds its way back from the repressed Œdipus-complex. (4) The quenching of the disagreeable affects of the feeling of guilt by the phantasy *qua* apperceived as punishment. It is also possible that there is another source of pleasure, namely, (5) a sadistic pleasure which the masochist obtains by identifying himself in phantasy with the person who administers the beating. On the other hand, where is the pain-element in the phantasy to be found? Only, so far as can be perceived, in the discomfort contained in the idea of an imaginary beating; and this it has been argued is of trifling intensity. Does not the conclusion arise that the surplus of pleasure in the whole experience is enormous? And the pain too, such as it is, has been shown elsewhere to be sought not as an end in itself, but as a means to the accompanying libidinal pleasure. Finally if it is asked here why the masochist prefers above all others those libidinal gratifications which are conditioned by pain, it will be recalled that this question has already been answered and an explanation offered which does not necessitate the special theory of the death-instinct.

While these deductions as to the economic character of masochism appear to be justified, there seems no reason for doubting the adequacy of the account, given in the 1919 paper, upon which they are based. The view is put forward there that masochism presupposes an original accentuation of the anal and sadistic components; and in an earlier paper, 'The Predisposition to Obsessional Neurosis' (1913), Freud pointed out that accentuated anal-erotism is one of the conditions of homosexuality in men. When the two statements are put together they accord very well with the further view expressed in the 1919

paper that the masochistic beating phantasies arise in men from an inverted Œdipus-complex. This agreement therefore strengthens the belief in the adequacy of the principles of explanation put forward in 'A Child is Being Beaten'; and from this point one may go on to press the main contention of the present paper. If pain, as has been argued above, is never sought as an end in itself, and the phantasy of being beaten or otherwise ill-treated is predominantly pleasant, why is it necessary to postulate a special death-instinct which works in opposition to the pleasure-principle? Further, if it be granted that masochism originates, as Freud maintains in the 1919 paper, from the turning inwards of sadism by a feeling of guilt, why set up a speculative theory according to which masochism comes before sadism and is really primary? A reason is suggested in the 1924 paper, but one which is not, in the opinion of the present writer, adequate. In speaking of what is there designated as the original erotogenic masochism, Freud equates this at first with the capacity (previously recognized in the *Three Contributions*) of painful sensations to arouse pleasurable sexual excitations. But he adds that this account is insufficient because it throws no light upon the invariable association of sadism with masochism; and to supplement this deficiency he then proceeds to a discussion of the death-instinct. But the association in question is surely capable of being explained upon the basis of the 1919 paper. If it is maintained, in conformity with that paper, that masochism always presupposes an accentuated tendency to sadism and that this is simply turned back on the ego by the feeling of guilt, it is easy to understand why sadism always accompanies masochism. The turning back is never really complete; hence every masochist continues to show the original tendency to sadism.

The last point to which it is desired to draw attention in this paper is related to the alleged principle of repetition-compulsion upon which the theory of the death-instinct is based in *Beyond the Pleasure-Principle*. Do the examples given in that work really defy explanation in terms of the pleasure-principle? It is not proposed here to discuss this question at length, but merely to suggest that all of them on analysis would prove to be masochistic formations based upon feelings of guilt and, as has been maintained of masochism in general, can be explained by the circuitous working of the pleasure-principle. It may well be that certain individuals keep on bringing upon themselves misfortunes which prove on analysis to be repetitions of sufferings inflicted upon them in the past: or that patients seem driven to

re-enact in the transference relation to the physician the original set-backs of childhood. These set-backs, too, were originally in no way pleasurable. But if the individual gratuitously subjects himself on later occasions to fresh editions of these sufferings it seems natural to suppose that some change in the general situation has been brought about. Several lines of explanation are possible here. The pain of the original set-backs in childhood was bound up with the Œdipus-complex, and therefore also with the subsequent feeling of guilt ; and this feeling of guilt arose essentially in relation to desires centred upon the parents. Now although the analyst has, by transference, to some degree taken the place of the parent, this identification is unconscious ; the patient, furthermore, is not aware of the real significance of his behaviour in the repetition-compulsion. Consequently it is less painful for him to repeat the old experiences in a current form, the true significance of which remains unrecognized, than it would be to reproduce them in the form of memories involving the raising into clear consciousness of the original Œdipus-complex and its attendant feelings of guilt. So far, therefore, the facts involve no violation of the pleasure-principle.

This interpretation of the so-called repetition-compulsion also brings forward a feature which is worth noting. The phenomenon in question occurs only upon definite occasions, namely when the analysis threatens to bring into consciousness a particularly painful memory or affect. The same holds good in relation to those persons who appear in general to bring upon themselves recurrent forms of an original set-back or misfortune. Analysis would reveal in all such persons, first a feeling of guilt for the most part unconscious ; and secondly that the renewed misfortunes are sought out only when some special group of circumstances threatens to raise the feeling of guilt into consciousness. The sufferings which are again and again sought out therefore are punishments directed against the self ; and their aim is to quell in advance the onset of feelings of guilt. The teleological mechanism is of course a secret one ; and in this way there is an analogy with the secondary defence in the obsessional neurosis. We may conclude by adding that the pain of the repeated misfortune is not merely sought as a means to a pleasurable end (the quenching of feelings of guilt), but may itself become pleasurable in all the ways set forth earlier in this article. The narcissistic source of pleasure must also not be forgotten. For if one is especially unfortunate, does not this facilitate the phantasy that one is especially

important, being singled out above all others for the attention of Fate? ⁴

The conclusions to be derived from this article therefore are (1) the so-called repetition-compulsion falls in reality within the sphere of the pleasure-principle: the postulate of the death-instinct is therefore not justified; (2) masochism in all its forms is also compatible with the pleasure-principle.

It may yet be that psycho-analysis will cast the death-instinct aside and return in this respect to its earlier basis.

⁴ The battle-dream which is adduced in *Beyond the Pleasure-Principle* as evidence in favour of the repetition-compulsion can be explained otherwise with equal plausibility. It is admitted there (authorized English translation, p. 38) that such dreams are exceptions to the wish-fulfilment principle. If so much is conceded, it is only necessary to go a step further and admit that any powerful unreacted affect, such as fear, can give rise to a dream as effectively as a wish can. Special circumstances may be necessary to account for this possibility; but Freud has himself pointed out that the dream-function itself may suffer dislocation (p. 10)—an occurrence which fits in with his earlier assertion (p. 8) that in the traumatic neurosis the shattering of the mental functions is of an unusually severe character.

SOME PSYCHO-ANALYTICAL NOTES ON NEGATION

BY

L. S. PENROSE

LONDON

In a recent paper Freud pointed out that a negative judgement was the intellectual substitute for repression ;¹ the 'Not', he said, in which such a judgement was expressed was the hall mark of repression—a certificate of origin, as it were, like 'Made in Germany'. There is, however, a corollary to this proposition—the proof of which is a matter of everyday experience—that an assertion or over-emphasized positive statement indicates dissent in the unconscious.

I can think of three main methods by which statements are found to be over-emphasized in this suspicious way, which occur frequently both within the psycho-analytic situation and outside it. The first is direct over-emphasis. By this I mean stating a thought in a specially arresting manner, making use of a loud voice or large print or other special conditions, or providing gratuitous information. For example, a patient came to be examined in hospital after being told by his own doctor that there was nothing wrong with him to be found ; and after the electro-cardiograph, X-ray and other examinations had proved negative, he said that he hoped so very much that he had given no one any trouble, and was not and probably did not expect to be believed. The second method is repetition. This is used especially in religious proceedings, where the attempt is made to establish the validity of a belief by repeating it over and over again. A typical psycho-analytic example of the process is the attempt to conceal castration ideas by polyphallic symbolism, and an outstanding popular instance is the repetition of statements in the hope of establishing thus their truth in the therapeutic treatment of Coué. The third method is tautology, that is, disguised repetition. The same idea is expressed twice, and the two expressions are equated, giving rise to the illusion of a reference to concrete fact. This form of assertion is used extensively by philosophers, and it is to be found in paranoic systems. While in religion it may be sufficient to affirm that God is God, a philosopher, for example,

¹ 'Negation', INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. IV, p. 368.

will define God an All-pervading Spirit in the same terms and then state that one is the other. A case in which this method is made use of is the celebrated ontological proof of the existence of a perfect being. A perfect being is first said to include, by definition, among its attributes the quality of existence ; therefore, they say, a perfect being exists. Of these methods of assertion it might be suggested that the first is the more hysterical type of reaction—the attention of an outside person is required ; the two repetitive methods would appear to be more obsessional in character—the object of them being to satisfy the conscious mind of the speaker.

Assertion of the kind I have just described can be placed in the same category as negation. The two processes are complementary, and it will be convenient to treat them together in making some analytical notes. As to the true affirmation of a thought as expressed in the word ' Yes ', I shall discuss that later.

In the first place, the word ' Not ' presents points for discussion. Philological evidence shows that the sound signifying denial is intimately associated with the consonant ' N ', at least in the Indo-European languages. The Sanscrit is ' Na '. Now this consonant may be a symbol for dissatisfaction with the existing state of affairs. The position of the tongue when the sound is being made is the natural position when the mouth is dry and when thirst is present : it cleaves to the roof of the mouth. In hieroglyphics the sign for ' N ' signifies ' Water ', whereas in the Phœnecian alphabet it signifies a fish. It may therefore be suggested that the sound of the letter ' N ' is directly related to a primitive oral situation of discontent.² The expiration, furthermore, which gives rise to the sound of the consonant is made slowly by a tonic contraction of the muscles of the abdomen, the breath being expelled by the nose, as in a sigh or a groan of pain. When used in a system of symbols like speech, the sign for negation allows a repressed idea to come into consciousness, as Freud says, without being accepted. The idea comes from the unconscious with a mark attached to it which is a symbol for its painful—and therefore repressed—nature.

With regard to over-emphasized statements, a process which is exactly the reverse of this and complementary to it is brought into play. A sentence or other symbol which represents a desired state of

² Cf. S. Spielrein, ' Die Entstehung der kindlichen Worte Papa und Mama, ' *Imago*, VIII, 1922, S. 365, 366.

affairs is treated by one of the methods of assertion to which I have already referred. And whereas the sign for negation indicates the painful tone of the idea it is joined to, the *asserting* of a proposition is in itself a symbol for pleasure which would be obtained if the desire so expressed were realized. There is no single symbol for assertion in ordinary language, but the treatment of statements by repetition or by emphasizing them so as to command attention symbolizes pleasure directly, in that these are the characteristics of reactions to pleasurable stimuli. A separate word for negation is a comparatively late linguistic development, and the generalized idea of negation does not appear in dream symbolism.³ A generalized idea of assertion has probably only reached symbolic expression in some mathematical and logical systems, and a notable example is to be found in Russell and Whitehead's *Principia Mathematica*. The writers of this treatise use an assertion sign which indicates that the proposition to which it is attached is a tautology or that they assert it arbitrarily to be true.⁴ But language in general has not yet reached this stage of development, and the assertion sign leading us to suppose that unconscious dissent is being expressed by the speaker has to be detected in the way in which the statement is framed. It is only when there is no repression in connection with the subject matter of a thought stated that neither assertion nor negation are necessary: all that need be expressed then is acquiescence, and this is done by affirmation.

Freud explained in his paper that by the use of negation we were able to take into account intellectually the subject matter of the unconscious. Similarly assertion and tautology enable us to do this, and any language equipped with symbolic methods of dealing with them and with negation, too, would be a more efficient instrument for the same purpose than ordinary speech. Pure logic, out of which mathematics is developed, is a language possessing just these requirements. Symbols expressing true and false propositions and combinations of these are grouped here with one another with a view to producing tautologies.⁵

On the other hand, formally false propositions, like 'A is not A', which can also be built up, have to be eliminated. To the logician

³ Freud, *The Interpretation of Dreams* (Brill's translation), p. 296.

⁴ The assertion sign stands in front of a proposition and it is written like this: \vdash .

⁵ An account of the process is given by L. Wittgenstein in *Tractatus Logico-Philosophicus*, 1922.

it seems that the formal falsity of a proposition excludes it from conscious consideration, while to Freud it is the painfulness of the idea expressed by a given proposition which tends to keep it out of consciousness. Similarly a pleasurable thought is cultivated and repeated just as a formal truth is valued for its own sake and continually restated by the mathematician. The laws of formal logic are in fact symbols for the processes which allow or prevent thoughts entering the conscious mind in its normal state (i.e. preconscious mechanisms).

By the use of a perfect set of symbols of this kind in connection with propositions stating unconscious thoughts, an intellectual understanding of the unconscious, which Freud refers to, can be obtained without the release of repression. But the mathematician's case is peculiar, inasmuch as he is not interested in the subject matter of the unconscious and is therefore indifferent about what his formulæ apply to. There is simply a cathexis of the way in which the interchange of thoughts takes place between the conscious and the unconscious. Russell has said that in mathematics we do not know what we are talking about, and Wittgenstein supplemented this by saying that mathematical propositions expressed no thoughts.⁶

Furthermore, the reasoning which is the basis of formal logic and mathematics is all of one type, which is called 'deductive'. According to Russell, 'Pure mathematics consists entirely of assertions to the effect that if such and such a proposition is true of *anything*, then such and such another proposition is true of that thing. It is essential not to discuss whether the first proposition is really true, and not to mention what the anything is, of which it is supposed to be true'.⁷ Thus reasoning of this kind is independent of the external world, and it can equally well be used for building up a systematic paranoic illusion as to help in the understanding of reality. And it is based solely upon the interaction of the two ideas, assertion and negation, which we have seen represent pleasure and pain.

There is, however, another kind of reasoning known as induction.⁸ It argues that because a certain proposition has been found to be true in some cases it is therefore true in all cases, and for this conclusion

⁶ Op. cit., p. 169.

⁷ 'Mathematics and the Metaphysicians' in *Mysticism and Logic and other Essays*, 1919, p. 75.

⁸ Not, of course, to be confounded with the so-called 'mathematical induction', which is really deductive.

there is absolutely no justification on the grounds of pure deductive logic. At the same time normal life is carried out on inductive principles, such as the expectation of the sun rising to-morrow. And these essential principles which involve a belief in the stability of the external world, and which are used for the inference of new facts, are quite different from the laws of pure logic which merely serve to deduce from the presence of one idea in the mind the presence or absence of another. The inductive process is in fact just that re-discovering of an object in the outer world which has been retained in the imagination which Freud explains to be the concern of the 'Reality-ego'. Inductive reasoning involves taking a risk which deductive reasoning does not; in induction the risk of not finding the object in the outer world is faced, whereas in the other case an object which only exists in the mind can be found for certain. It is clear therefore that in order to step from deductive reasoning to inductive reasoning a certain amount of anxiety must be overcome.

The affirmation of any general proposition which is not a tautology—or for that matter any statement about the external world—involves the risk of being proved false by experience and of having to revise the ideas upon which it is based, that is, to readjust. Conversely such an affirmation, when it is correct, is the proof that an adjustment to the external world has been carried out. The word 'Yes' (and its equivalent so often in other languages) contains the sound 'ee', which is emitted with the lips in a half-smiling position and is the cry of joy of children. In pronouncing the word the breath is expelled as in a sigh of relief at the attainment of desire, the muscles concerned in producing it ending up in a relaxed condition. Etymologically the word is derived from the verb 'to be', and so it may be considered as a general symbol for the affirmation of the existence of the external world. According to Freud, affirmation belongs to the instinct 'Eros'. It expresses the fact that a lost object has been recovered again in reality.

I do not think Alexander is correct in stating that the laws of logic are copied from the laws of nature,⁹ and that they represent a fragment of introjected reality. It would seem to be more accurate to say that they are projections of the mechanisms by which the mental apparatus functions. The process of pure logical reasoning has simply the

⁹ F. Alexander, 'Metapsychological Description of the Process of Cure', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. VI, p. 33.

criterion of internal consistency of thought or coherence, which represents the condition for harmonious internal relations between the parts of the organism. This state can be attained in a high degree, it seems, even in dementia cases. The process of inductive reasoning, on the other hand, not only takes new facts into account but actively seeks them, and thereby typifies the erotic function as described by Freud.¹⁰ The strictly speaking *illogical* in the expectation of finding the same situation again in relation to the external world is an integral part of adjustment, and it is particularly important in preserving the correct adjustment to other members of society. Pure formal reasoning in the normal mind has the function of rapid and efficient handling of past experience : and if a reverse occurs in the inductive expectations of an individual, the better his mind is arranged, the better chance he has of finding a suitable reaction to the situation. The view could be summed up by saying that the Ego reasons deductively and the Id inductively.

It would appear that the neurotic person suffers in his relations towards other people because of the internal inconsistency of his thoughts. But the mere interpretation or cataloguing of these, leading towards a consistent intellectual understanding of the unconscious which is frequently confounded with psycho-analysis,¹¹ may bring internal consistency at the expense of any satisfactory adjustments which the individual has already accomplished. In order to cure the patient, he must be allowed the psycho-analytic situation in which to test the new inductions which follow from new knowledge obtained by an improved handling of memories.

I would suggest in conclusion that while negation represents a complete withdrawal from reality, assertion is indicative of the aggressive, sadistic attitude towards external objects. Both states show a disharmony between the conscious and the unconscious, whereas affirmation is the mark of harmony between these two, with the acceptance of the external world as real which is characteristic of the genital phase of development.

¹⁰ Cf. I. Hermann, *Psychoanalyse und Logik*, S. 98, where the writer expresses the same view.

¹¹ E.g., 'The employment of psycho-analysis in children is neither desirable nor necessary. . . the child's mind, and especially that of the hysterical child, is not sufficiently developed to reason formally'. W. G. Wyllie, 'Treatment of Hysterical Disorders in Children', *The Lancet*, February 6, 1926, p. 301.

A FATHER PLEADS FOR THE DEATH OF HIS SON

BY

M. P. TAYLOR

HARVARD UNIVERSITY

Shakespeare has thrust into the midst of his tragedy, *King Richard II*, two scenes,¹ in no way essential to the action of the drama, which have mystified many and horrified more. An apparently fine old man pleads passionately for the death of his only son. I doubt if a neater, more dramatic record exists of a conflict and its solution. Why Shakespeare insisted upon recounting the old Duke's pitiful efforts to save his self-respect cannot be known, but in doing so Shakespeare once again scored as a teller of marvellous 'true' tales.

This is the story. The Duke of York discovers that his son, Aumerle, is party to a plot to restore the recently deposed Richard to the throne of England. 'Treason! foul treason! villain! traitor! slave!' cries York and dashes away to the newly-anointed usurper, Henry IV, refusing to listen to his wife's pleas to hush up the matter. Aumerle, at his mother's direction, goes to the king also, arrives a few minutes before his father, and confesses the plot. The old Duke thereupon rushes wildly in and begs that his son be put to death, earnestly conjuring the king in the most violent terms to grant him this request as a favour. The mother arrives, and the three kneel before the king: father, mother, son; the son pleading for his life, the mother for her son's life, and the father for his son's death.

The two easiest explanations for the father's attitude—that he had reason to want to be rid of his son or that he hoped to curry favour with the king—have to be abandoned for want of supporting, and in view of conflicting, evidence, as will be apparent to anyone who reads the play with this situation in mind.

York's action is interpreted by King Henry as arising from a superb and honest devotion to his person. The Duchess, knowing that such is not the case and being as puzzled by the situation as readers of the play have been, arrives at the fantastic conclusion that York believes Aumerle to be a bastard, not his son at all.

York's speeches give little indication that his motive was a desire to serve the king or that he hated his son as an individual. His frenzied

¹ *King Richard II*, Act V, Scenes 2 and 3.

outburst when the king pardons Aumerle is rather the speech of a perishing man trying desperately to save himself than the speech of a devoted servant trying to save the life of a master no longer imperilled, or of a scheming politician trying to advance himself. Here are his words when the king pardons Aumerle :

YORK. So shall my virtue be his vice's bawd ;
And he shall spend mine honour with his shame,

* * *

Mine honour lives when his dishonour dies,
Or my sham'd life in his dishonour lies ;
Thou kill'st me in his life ; giving him breath,
The traitor lives, the true man's put to death.

This speech is a perfect statement of the situation from York's point of view, *for his son has become his guilt*. York, too, has been a traitor, though a successful one, and his bitterly guilty conscience demands a sacrifice. His problem is this : to punish his crime and to keep himself from knowing that he is a criminal.

York's whole moral life has centred around the principle of loyalty to the lawful king. He is a kindly, though stern, old gentleman to whom the thought of rebellion is, and ever has been, abhorrent. King Richard, trusting fully in this loyalty, when he leaves for the Irish wars, creates York lord governor in his absence. Then comes to England the banished Henry Bolingbroke, to claim his rights and more. York, firm in his loyalty, meets Henry, and, when Henry greets him — 'My gracious uncle,' replies :

YORK. Tut, tut !
Grace me no grace, nor uncle me no uncle :
I am no traitor's uncle ; and that word ' grace '
In an ungracious mouth is but profane.

* * *

Com'st thou because the anointed king is hence ?
Why, foolish boy, the king is left behind,
And in my loyal bosom lies his power.

HENRY. My gracious uncle, let me know my fault ;
On what condition stands it, and wherein ?

YORK. Even in condition of the worst degree,
In gross rebellion and detested treason.

Yet, shortly, York, because of the pressure of circumstance, the weariness of age, and numerous griefs which recently had come upon him, deserts his cherished principle of loyalty and helps the usurper.

York becomes guilty of the crime he loathes most. He dare not admit his crime to himself. But what a sense of guilt must be his and how it must cry for the blood of the guilty ! He forces his sense of guilt from consciousness and attempts to regain his self-respect by again enforcing his cherished principle of loyalty, though to a new object. Says Stopford Brooke of York : ' His loyalty, which is his religion, is first broken down by the iniquity of the king, yet in principle is retained. Then circumstance steals even his principle away, and he joins Bolingbroke. Then he recovers his principle by transferring his loyalty to Bolingbroke.' ²

York says to his wife, speaking of Richard's fall, obviously trying to excuse himself by inculcating Heaven :

YORK. But heaven hath a hand in these events,
To whose high will be bound our calm contents.
To Bolingbroke are we sworn subjects now,
Whose state and honour I for aye allow.

Immediately after this speech York discovers the treachery of his son, whom his wife says is *like him as a man can be*, and his sorely troubled, guilt-burdened spirit, which he had quieted temporarily, arouses with renewed vigour at this dramatic reproduction of his offence, and he cries out, ' Villain ! traitor ! slave ! '—reproaching his son as he had not reproached himself. Here his conflict finds a solution. He projects his guilt on to his son, where he is free to punish it without the necessity of admitting that it is his. Aumerle, the guilty, must die if York, the guiltless, is to live. York's words are not idle :

Thou kills't me in his life ; giving him breath,
The traitor lives, the true man's put to death '.

It must be added that Aumerle's disloyalty had a further sting for his father. For Aumerle, in being disloyal to the newly-anointed king, is but being loyal to the king whom York had betrayed.

² Yet Brooke finds the scene in which York pleads for his son's death 'unnatural'.

THE ORAL-EROTIC COMPONENTS OF STAMMERING¹

BY

ISADOR CORIAT

BOSTON, MASS.

In a communication on stammering published in 1915² it was pointed out that we were dealing with a psychoneurotic disturbance, the chief mechanism of which was a conflict produced by resistance against betrayal through speech of certain repressed trends of thought, pre-eminently of a sexual nature. These repressed trends were found on analysis to refer principally to the Oedipus situation, certain sexual acts or thoughts, masochistic phantasies, tabooed words relating to the sexual, urinary or anal functions (forbidden coprolalia), and, finally, the pleasure relating to early stages of the organization of the libido. Further analytic experience has tended to confirm and widen these observations, and has furnished material for a clearer and more definite formulation of the problem of stammering as a psychoneurotic disorder, particularly as more attention was concentrated on the part played by the oral libido. It will be the purpose of this communication to discuss the effect of this pre-genital oral libidinal tendency upon the pleasure-principle involved in the speech of stammerers and the results of the persistence of this tendency upon the character formation.

In my earlier work the relation of the ego and the libido development was not worked out in detail, but further observation of the oral manipulations, displacements and expression of stammerers has served to illuminate certain aspects of the problem which have hitherto remained obscure. The problem of stammering can be understood only if we analyse and interpret the stages in the ego and libido development through the various phases of pre-genital organization to adult character formation, and submit our empirical observation of these oral-erotic phases of the libido to clinical investigation. This is best accomplished by an analytic study of the motor speech symptoms of stammerers and by reducing their complex mechanism to a more simple formula. For we shall then find that the motor speech expres-

¹ Read before the Ninth Congress of the International Psycho-Analytical Association, Bad-Homburg, 1925.

² Isador H. Coriat, 'Stammering as a Psychoneurosis', *Journal of Abnormal Psychology*, Vol. IX, No. 6, 1915.

sions in stammering in many ways closely resemble the tics, and like the tics, too, they are obsessive and stereotyped. To stammering we can apply, to a certain degree, what Ferenczi has stated in his observations on tic, namely, 'To explain the symptom formation in the tic, one must suppose a conflict inside the ego, between the ego-nucleus and narcissism'.³

In nearly all stammerers analysed, great stress has been laid by them on the omnipotence of their intellectual attainments. This tendency to over-intellectualizing leads to an omnipotent valuation of speech either in the form of verbosity or garrulousness for the pleasure of pronouncing words and gratified only by the oral discharge, or a taciturnity, which is a type of resistance. Both these tendencies are on the anal level, in one case as an anal-erotic explosion, in the other a wish to retain the sounds of words, in the sense of the parsimony which belongs to the anal-erotic character traits. This over- or under-valuation of speech is synonymous with the narcissism of stammerers, in the sense indicated by Freud,⁴ when he stated 'All narcissistic impulses operate from the ego and have their permanent seat in the ego'. This trait of omnipotence is frequently associated with anal manifestations because of the close connection of these latter with oral characteristics. The omnipotence and over-valuation of words is also related to the infantile illusion of the possession of magic words of power, pointed out by Ferenczi⁵ as one of the stages in development of the sense of reality and is characteristic also of obscene words. In addition, as was previously pointed out, it seems that many cases of stammering are conditioned on the conflict between the ego-ideal to conceal and the libidinal desire to enunciate obscene or sexual words. The pleasure involved in the latter is a manifestation of the oral-erotic component of stammering. Stammering is therefore a form of oral-erotic gratification, an actual reproduction in adult life of the sucking and biting manifestations of the pre-genital oral libido, rather than a substitutive symptom, as in many of the transference neuroses.

³ S. Ferenczi: 'Psychoanalytical Observations on Tic', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. II, Pt. I, March 1921.

⁴ S. Freud: 'The History of an Infantile Neurosis', *Collected Papers*, Vol. III.

⁵ S. Ferenczi: 'Stages in the Development of the Sense of Reality', *Contributions to Psycho-analysis*, 1916, Chapter VIII; and 'On Obscene Words', *ibid.*, Chapter IV.

According to Abraham ⁶ there is an earlier 'sucking' stage in the development of the oral libido, related to nursing, and a later 'cannibalistic' (biting) stage, the latter associated with dentition. These two stages occasionally are observed simultaneously in stammerers in the form of sucking movements with the tongue and lips in attempts at talking occurring at the same time with a grinding of the teeth. The former movements represent the sucking stage, the latter the cannibalistic phase of oral development. This association of the two stages represents an ambivalent tendency, which is probably indicated earlier in the pre-genital organization as a form of pre-ambivalence.

Both factors act as preliminary conditions which influence the formation of the later character traits to a limited extent and these traits are the mixed expression of the two earlier stages of libido development. In fact, practically every stammerer, if the motor accompaniments of the attempts to speak are carefully observed, will be seen in the act of sucking, as shown by the sucking movements of the lips and tongue, the flow of saliva and the appearance of gratification when he is finally able to enunciate a difficult word. The mouth, tongue and lips are overcharged with oral libido, which the stammerer attempts to abreact, but at the same time, through an ambivalent tendency, also attempts to tenaciously retain the word, because of the pleasure-principle involved in the difficult enunciation.

The oral reaction of sucking possesses a rhythmic character, and this probably explains the fluctuations in the speech of stammerers, as shown by the variations of great difficulty of enunciation to perfect vocalization. These strong oral interests in stammerers produce in them a labile nature, indicated by their fluctuations of moods and interests. This labile character trait is probably related to the early rhythmic sucking movements in nursing, persisting into maturity and shaping the character during the development of the libido.

We are dealing with stereotyped motor mechanism in the form of an oral-erotic manifestation, and the suppression of the motor speech in stammerers, leading at times almost to 'dumbness', is a defence against abreacting this oral-erotic tendency. The resistance in stammering is so great because stammering is a narcissistic disorder, and

⁶ K. Abraham : *Versuch einer Entwicklungsgeschichte der Libido*, 1924. 'Beiträge der Oralerotik zur Charakterbildung', Proc. Eighth International Psycho-Analytical Congress, 1924. See also paper by H. S. Sullivan : 'The Oral Complex', *Psycho-Analytic Review*, Vol. XII, No. 8, 1925, and the various publications of Burrow.

although certain signs of a transference neurosis appear from time to time in the analysis of stammerers, yet these transference symptoms are incapable of completely fusing with the narcissistic tendencies. Consequently, all therapeutic efforts in stammering, according to my experience, should be concentrated on the analysis of the oral libido rather than on the neurotic anxiety as formerly practised, for only in this manner can we hope to overcome the regressive tendencies which enter into conflict with the ego.

These oral-erotic trends in stammerers are closely bound up with the Œdipus situation and the infantile pre-genital fixation on this situation, and it is this oral libido which succumbs through the analytical intervention. Thus stammering is a neurosis in which fixation of the libido at the developmental phase of oral-erotism persists into maturity. In his unconscious, and likewise in his conscious motor reactions, the stammerer remains fixed at this primitive biological stage, because there is little or no sublimation of the original oral pleasure. This explains the infantile character of the sucking movements observed in stammerers when they attempt to speak; in other words, there is an infantile reaction underlying the clinical neurosis of the mature stammerer. In every stammerer, therefore, there exists a compulsive rhythmic repetition of the fixation on the oral stage of development, and the object of the analytic therapy of stammering is to set free this infantile libido from its early fixation, that is, the mother. For in every stammerer the sucking movements are the persistence into maturity of the original lip-nipple activities in infancy. In this connection it is also significant that the labials (p, b, m), which are the most difficult sounds for stammerers to enunciate, are also the earliest sounds made by children, and the labial muscles used to produce these sounds are the same muscles exercised in nursing at the mother's breast, or sucking at the rubber nipple of the nursing bottle. In fact, the sexual manifestations of speech can be demonstrated in all stammerers, and as I have previously pointed out, Sperber⁷ has shown that many primitive speech sounds were used for

⁷ H. Sperber: 'Ueber den Einfluss Sexueller Momente über die Entstehung und Entwicklung der Sprache', *Imago*, Vol. I, 1912. On this point see also the statement of H. von Hug-Hellmuth—*A Study of the Mental Life of the Child* (Part I, Chapter IV), 1919: 'The child thus shows that he has arrived at the stage of echo-speech in which, in addition to the muscles movement experienced as agreeable through their frequent repetition a new pleasure-producing stimulus is found in the rhythm'

sexual activities and symbolic sexual gratification. It is for this reason that stammering begins so early in the life of the individual after the establishment of speech.

This latter tendency is most clearly shown in the oral libidinal gratification in the pronunciation and sounds of certain words, which is pre-eminently a regression to a very early pre-genital stage of the libido. Here we are dealing with an omnipotent valuation of speech and the pleasure encountered therein, probably because of the association of this with oral reactions. The oral libido is often expressed in anal terms, and this explains, in connection with the narcissism, the strong resistances encountered in the analysis of stammerers. In one instance tremendous pleasure was experienced in the pronunciation of such words as 'incarnadine', 'multitudinous' and 'Jurassic', associated with verbosity and the prolongation of the sounds of certain words for the mere pleasure of speaking. This prolongation was for the purpose of gaining and intensifying the oral pleasure and consequently this gratified, through stammering, the pre-genital oral libido formation. All stammerers have regressed to and remain fixed at this early libidinal level in order to maintain and gratify their original oral-erotic impulses.

The oral libido in stammering is an auto-erotic trend which underlies this pathological activity of adult life as a regression or unconscious residual from the pre-genital phase of development. Stammering demonstrates that the individual in the course of his libido development has not successfully surmounted this phase; he remains fixed at this infantile stage of the libido. One character trait of stammerers which is frequently encountered, that of optimism, is the outcome of this fixation. As a rule, all stammerers go from 'cure' to 'cure', and in this process they are exceedingly optimistic of acquiring normal speech, only to be disappointed when they find that the gratification of their wishes is only temporary—this for the reason that such 'cures' depend on speech training alone, which actually reinforces the oral-erotic pleasure instead of minimizing or relieving it. This optimism is a persistence of the oral gratification into adult life; they attempt to get what they want, as in the pre-genital stage they were always temporarily gratified by the flow of milk from the mother's nipple. In fact, as Freud has pointed out⁸: 'In the formation of character,

⁸ S. Freud: 'The Predisposition to Obsessional Neurosis', *Collected Papers*, Vol. II.

either repression is not at work at all, or it easily attains its aim, which is to replace the repressed impulses by reaction formation and sublimation'.

Other manifestations of the oral libido are frequently found in stammerers, such as the persistence of thumb-sucking or sometimes tongue-sucking to late childhood. These rhythmic movements persist as the rhythmic tongue-sucking so often encountered in stammerers; the primacy reached is that of the phallus, for in both sexes in childhood only one kind of genital organ is important, that is, the male. In the tongue-sucking of mature stammerers the tongue is a displaced phallus associated with the childhood pleasure-principle of the early libido organization. Thus in all stammerers there swings into the foreground the pre-genital oral phase of the libido, burdening the individual with the sucking period, the direct infantile oral gratification.

The stammering problem is a very complex one, and there is frequently encountered in the analysis of stammerers a difficulty of distinguishing the oral-erotic from the anal-erotic components, as representing different ends of the intestinal canal. In many cases there is an admixture or ambivalence in their common relation to the alimentary tract, that is, mouth-erotism and anal-erotism are connected. This was shown in the analysis of some stammerers in the sense of sadistic-anal components with anal character traits, even to the point of early sadistic gratification, such as when they observed, 'A child is being beaten'. Two phases of these anal trends are found in stammerers, a strong desire to enunciate the word with an explosive rush or the inability to make any sound at all, both forms of displacement from below upwards.

As a rule stammerers are narcissistic and introverted. Their narcissism probably explains their omnipotent attitude and the overvaluation of their intellectual attainments. The introversion, according to the statements of these individuals, is for them a secondary phenomenon, an acquired protection from social contacts because of their speech defect. However, this may only be a rationalized attitude, for there seems to exist a close relationship between this introverted tendency and oral-erotism.⁹ Thus stammering to a limited extent confirms Abraham's observations,¹⁰ namely, that 'on the basis of

⁹ Edward Glover: 'Notes on Oral Character Formation,' *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. VI, No. 2, April 1925.

¹⁰ Loc. cit., 'Oral Erotism'.

psycho-analytical experience those elements of the infantile sexuality which are excluded from participation in the sexual life of the adult individual, undergo transformation to some extent into certain character traits'. However, this transformation in stammerers is incomplete; only a portion enters into the formation of character traits, the remainder persists as the original oral-erotism in the form of sucking and biting.

Excessive mouth-erotism is therefore the basis of stammering, a projection from the unconscious of the precipitated components of the oral stage of the libido development. The mouth has become the principal and all-powerful organ of libidinal pleasure, which is gratified only by the oral discharge in speech. In one case this was shown in a typical nursing dream, in which the oral nucleus of the stammering was found in a peculiar displacement and condensation of a word referable to this infantile form of pleasure. In still another instance, besides the frequent sucking movements with the lips and excessive salivation, there was associated with the paroxysm of stammering, deep breathing, rapid heart beat, perspiration, yawning; this was followed by a feeling of relaxation after enunciation of a difficult word. Here there could be observed an actual reproduction, in adult life, of the relationship of the infant to the nipple, a gratification of the oral-erotic zone in pleasure-sucking re-enacted in maturity. The original attachment of the sexual excitation to the nutritional instinct, that is, the oral phase of the libido, still dominates the adult stammerer; in fact, the persistence of this phase into maturity produces stammering in order to satisfy a compulsion-repetition which resembles a tic.

SHORTER COMMUNICATIONS

THE MANTLE SYMBOL ¹

With most symbols it is fairly easy, once the occurrence of the symbolism is established, to ascertain the *tertium comparationis* through which the association has been formed. With some, however, it is very difficult to do so, and the psycho-analyst must for once agree with his critics in finding the symbolism in question 'far-fetched'. One of the most obscure symbols, first pointed out by Freud, is that of the mantle.² In his first communication³ he contented himself with the remark that the mantle symbolized a man, and surmised that the phonetic resemblance of the two words might explain this. Later⁴ he stated that the mantle was a phallic symbol, and again that 'it betokens a man, though perhaps sometimes without special reference to the organs of sex'.

The resemblance between a mantle and a penis may indeed be described as far from obvious. Nevertheless there can be no doubt whatever of its occurrence. I have myself come across it a score of times in an unambiguous context. It appears to be much commoner among men than women. A particularly clear example of it I recently encountered, in a case where dread of infection related particularly to hats and raincoats, was accompanied by associations that indicated the route along which the connection had probably been forged, and as these may very well be of a general order I will bring them forward here.

The first and the more evident of the two points of connection concerns the idea of the mantle as a readily detachable part of the person. This attribute, as I showed years ago⁵ in the case of *fæces*, readily becomes assimilated to the castration fear; it is one that contributes to forming the phallic symbolism of the hat and walking-stick. The overcoat is, besides the hat, the most detachable part of the clothing,

¹ Communicated to the British Psycho-Analytical Society, June 2, 1926.

² I use the word 'mantle' to conform with the German, but any kind of outer covering is meant, e.g. overcoat, mackintosh, cloak, etc.

³ *International Zeitschrift für Psychoanalyse*, 1913, Band I, S. 379.

⁴ Freud: *Introductory Lectures on Psycho-Analysis*, English Translation, 1922, pp. 131, 132.

⁵ Ernest Jones: *Jahrbuch der Psychoanalyse*, 1912, Band IV, S. 584.

indeed the only part that can be detached in public. The second point, for which I was quite unprepared, was the ease with which the arms can slip into and out of an overcoat. This my patient associated to the movability of the skin covering the penis, particularly the prepuce, i.e. to ideas of masturbation.

I may also quote here an odd experience in connection with a lecture recently delivered at University College on the psychology of dreams. After the lecture a girl of about twenty came up to me and asked if I could throw any light on the following case of sleep-walking. When she was twelve years old she was sleeping in the same room as her parents and got up in the middle of the night. Her father, who was apparently awake, also got up, pursued her and asked her what she was going to do. The curious answer she gave to him in her somnambulistic state was: 'To fetch a shawl to crack'. Thinking I had not heard aright, the conjunction of the two words seeming so unlikely, I asked her what she meant by 'to crack'. She explained, significantly enough, 'as if with a nut-cracker'. I imagine her remark to her father must have been an expression for the unconscious wish to make both an erotic and an aggressive assault on the organ that had disturbed her sleep, but in the circumstances no further data were to be obtained. A shawl is surely as 'far-fetched' and unlikely a symbol for the penis as could well be imagined, but the next example may make even this a little less unintelligible.

In a short communication published some years ago Stekel⁶ contradicted Freud's interpretation of the mantle (-man) and maintained that they mostly symbolized love. As love is a general or abstract idea, it is clear that Stekel is using the term 'symbolism' here in an anagogic rather than in an analytic sense. Were it not for the confusion he was at that time beginning to display in such matters, his keen powers of interpretation would certainly have enabled him to divine the deeper meaning of the dreams he relates in this connection. They are as follows. A young woman dreamt: 'I was sitting on a bench and shivering with cold. My father came and wrapped me in his mantle. But Alfred (her lover) gently drew this mantle off and covered me with his warm soft one, which warmed me through and through'. This would seem to be a simple inversion: a soft object enfolding her thrills her with warmth in place of this

⁶ Stekel: 'Der Mantel als Symbol,' *Zentralblatt für Psychoanalyse* 1913, Jahrg. III, S. 601.

result being achieved by her enfolding a hard object, i.e. receiving and enclosing it. The second dream (also by a young woman) related by Stekel is confirmatory of this interpretation, for it runs: 'My mother tried to wrap me in her mantle. It is too short and does not warm me'. This is evidently a homosexual dream, expressing dissatisfaction with the size and erotic capacity of the clitoris.

The hint from this last material perhaps gives us a third point of connection between mantle and penis, a contrast association between an enfolding and a penetrating object.

The idea of a magic mantle that can lift from the earth (erection) is familiar from the first act of Faust. It doubtless has an ancient folk origin; Goethe seems to have got it from the popular Faust-Buch, in which Faust wafts three other men away on a mantle.

'Wir breiten nur den Mantel aus,
Der soll uns durch die Lüfte tragen.

Ein bisschen Feuerluft, die ich bereiten werde,
Hebt uns behend von dieser Erde.'

Finally one is reminded by this theme of the common expression about a mantle being passed on to a successor, the mantle of the prophet and the like. It would seem that such expressions must depend on the symbolism here discussed, the mantle being equivalent to the sceptre, sword and other emblems.

Ernest Jones (London).

A CASE OF STAMMERING IN A CHILD

Mr. Flügel, in his recent 'Note on the Phallic Significance of the Tongue', says: 'Although the psychical mechanisms connected with stammering have not yet fully been revealed, it is clear that they are closely connected with feelings of inferiority, and perhaps also with ideas of castration'. We can fully agree with Mr. Flügel as to our vagueness with regard to the exact mechanism of stammering, although the forces and material at the disposal of this particular mechanism have been given with some fulness by other writers. Coriat, Stekel, Appelt all deal with the subject at length and in detail: 'repression of certain trends of thought or emotions, usually of a sexual nature' (Coriat, 'Stammering as a Psychoneurosis', *Journal of Abnormal Psychology*, Vol. IX, p. 6), 'bad conscience' as a result of masturbatory acts, homosexual tendencies, anal phantasies, etc.

(Stekel, 'Nervöse Angstzustände'), may be correct diagnoses, but do not go far enough. Appelt ('The Real Cause of Stammering') thinks a physiological predisposition, weak nerves of speech, the determinant in stammering of this form of expression of a repressed complex. Dr. Eder in his account of two interesting cases ('Stuttering a Psycho-neurosis and its Treatment by Psycho-Analysis') gives many important factors, homosexuality, masturbation, anal erotism, identification with the father, return to baby speech, humiliation secret, etc., but is here more concerned to prove the connection with repression and sexual disturbance than to give the precise dynamics. I had the opportunity of hearing in Berlin a lecture by Dr. Abraham which gave a closer view of this mechanism than I have elsewhere met. Dr. Abraham very kindly gave me a summary of the case, which I will quote in full, because it touches very nearly on some of the points in my own case.

'The patient was, as a small boy of three to four years old, an artist in speech, and liked to be admired for his recitations of poetry, etc. According to his mother, he was of a decidedly humorous turn.' (Dr. Abraham adds a note that Prof. Freud once told him that in his experience stutterers, generally speaking, had been given as children to making jokes.) 'This oral exhibitionism ceased and gave place to anal exhibitionism. The boy liked to show his seat. The later impossibility of pronouncing the initial letters of several words had also anal-erotic significance, but the process was shifted to the mouth, where now processes of contraction took place as at the anus. The stuttering sounds from the mouth had the significance of flatus. The stuttering was a neurotic symptom which represented exhibitionistic pleasure converted into anxiety. It is interesting that the patient was extremely exhibitionistic in his dress; his whole interest was concerned with fashion. His excessive castration fear had driven the male narcissism from the genital position, so that the narcissism took on the female form, i.e. was displaced on to the whole surface of the body with the exception of the genital zone. The patient's libido had an entirely anal-sadistic direction. He could talk best when he was saying something malicious to other men'.

Little four-year-old Peter lost his stammer after his third treatment, and in such a way that, taking this in conjunction with the results of later treatments, the mechanism is, I think you will judge, fairly clear. That is, of course, the mechanism of his particular case. The type of stammer is of importance. When at its worst, there was

a bad hold-up at the beginning of a word, with open mouth, tense effort and grunting noises to fill in the gap before the desired letter was uttered with the effect of an explosion. The stammering was always most pronounced when he anticipated opposition. Important, too, in this connection was his ordinary pronunciation of some words, which he made more difficult exactly where most other children make them easier. This was most noticeable with the word 'you', particularly, of course, when he was emphatic; instead of saying 'Oo do it', Peter made it an explosive 'Dtchoo do it'. In the first two treatments, which by the way were long ones, one and a half hours each, his urethral interests had great play as well as his curiosity with regard to 'insides'; but he threw away out of the window a green toy frog after he had put it in the water. 'Naughty frog'. 'Why?' 'Wanted to bite horse'. 'Wanted to bite little baby'—pointing, of course, to repressed sadism. He also drew two tigers without legs, with their mouths touching. At the third treatment, in addition to his play with water he painted: three blind mice and one little mouse, not blind; mice with no tails, mouse with a tail; a tiger in a cage; a bear in a cage with big bars across; a tree and a little mouse in a tree; the colour always pink. He then cut off the head of a celluloid soldier and took the lead out. In answer to a question he said; 'I should have little beads inside me, but don't cut *my* head off'. He was treating the soldier thus because 'he has 'macked little baby'. Cutting down his arm, 'He won't 'mack little baby again'. Then he burnt him. (Peter was extremely jealous of and had tried to strangle his baby sister.) He also tried to burn a doll's comforter, which he loved to hold between his teeth and bite, and a berry which he later tied up to a stool with a long string. Playing with water and a tin with a lid, he said it was making a noise like 'little busy'; immediately afterwards he beat the tin hard and asked me with a roguish smile, 'What that noise like'? 'Is it like big busy'? 'Yes, it is'. His stammering became so bad after this that I said to him 'You are trying hard; you have to try hard when you do big busy, don't you?' 'Don't want to, don't want to'. I assured him that his 'not wanting to' was quite in order, so to speak, and when he saw a dirty stain on my balcony he said, 'someone had done big busy there; horses do it in the street'. This time when he went to the lavatory he attended to himself and did not stand passively to be helped as on his first visit; and though as before when he had pulled the plug he rushed away with noises of mingled delight and terror, this time he ran back and

spat into the seat and cried 'I bited him, I bited him!' The release of his anal defiance was clear, and his stammer all but disappeared from now onwards.

On the basis of this treatment alone I should call the principle mechanism of Peter's stammer a displaced and combined *anal obedience and defiance*. He was 'trying hard', as he had times without number been told to do; he was also, under the guise of 'trying hard', holding back, as he had been told not to do. His excessive anal sadism was on the one hand built up on oral sadism, and was on the other hand a regression as the result of his castration fears. The importance of the mouth zone is clear—biting the comforter, spitting and so on; but the mechanism becomes clearer still when we take into account what transpired in a much later treatment. He picked up from the floor the head of the soldier. 'Naughty man, look at silly naughty man'. 'Why is he naughty?' 'Want to bite me'. 'No, Daddy wouldn't want to bite you'. Then, as there followed more indicating his castration fear, 'You don't like Daddy to have a nee-nee, but Daddy wouldn't bite you because of that'. 'I bite Daddy's nee-nee'. Later he tumbled all over a big chair, putting a match in his ear, and then tried to drive it in hard by lying on it. 'Going to bye-byes', he said. 'Yes, you want to put something in a hole, don't you? And you saw them in bed'. He rolled on the floor and tried to stick the match into one hole of the electric-light connection. 'Must do it carefully', he said, 'little seeds will come out of the other hole'. Then he looked round, 'Why did I cry because I couldn't see the ladies?' ('The ladies' was his name for his analyst together with one or two other members of the same sex he had met on his journeys to fetch water, and he had cried one of the alternate days on which he had not come to me; but beneath this was to be understood a recurrent anxiety of his when he could not see a white horse in the street; a previous treatment had clearly shown that this meant the disappearance of a white Mummy under Daddy the rider.) The next question followed quickly, 'What was Daddy doing when I heard him in bed?' 'What did you hear?' 'I woke up and heard a funny noise'. 'What was it like?' 'Like this', and he squatted on the ground, emitting a succession of grunting noises. I may say that in the next treatment he made a great deal of noise himself and much 'moosie', i.e. singing.

The mechanism of the displacement from the anus to the mouth in the stammer is now clear: it was by means of an identification with his father in the act of coitus. And in line with the normal Œdipus

situation, but on a non-genital level, he could at one and the same time demonstrate his love for his mother (obedience), rivalry with his father (forceful emissions), and defiance of the authority of both (holding back). Since the stammer disappeared so easily when its anal significance was clear, one would say that this formed the major determining factor, which was, so to speak, 'touched off' by the identification with his father, itself on an anal level displaced to the mouth (grunts and flatus). The oral and anal exhibitionism so strong in Dr. Abraham's case was here less marked, but certainly present: he loved to coin and play with words; also the feminine form of narcissistic exhibitionism: he loved his clothes.

While I doubt if this case presents any new features, I think its dynamics are sufficiently clear to merit attention.

M. N. Searl (London).

ON THROWING DISHES FROM A WINDOW IN DREAMS

The aim of this communication can be indicated best by stating the source of the material with which it deals. The writer recently requested a class of university students who were studying psychology to write out an account of some well-remembered dream. The class being an introductory one, none of those who handed in reports had, so far as is known, any acquaintance with psycho-analysis. Among the dreams recorded was the following;

'Last year I taught school in the country. My room was upstairs with a window at the back from which was a fire-escape. One night I dreamt that some men attacked the school and the teacher from downstairs rushed up, followed by all her pupils to climb out of my fire-escape. She carried a dish-pan full of dishes. When she came to the window she threw out the dishes one by one. Then I remember helping the children to climb out. Of course all this was done very quickly, for the attackers were smashing in the doors downstairs. The dream did not end very satisfactorily, as the men did not get in, or we did not get out'.

The general meaning of this dream is plain. The dream thoughts contain a sexual wish coupled with a wish for children. The manifest content employs the familiar 'house' and 'burglar' symbols: and in relation to the teacher who rushes up from downstairs, one is reminded of Freud's words in the *Traumdeutung*, 'there are also

dreams in which my ego occurs along with other persons which the resolution of the identification again shows to be my ego'. The dish-pan is evidently a womb-symbol; and the dishes refer to children. This dish symbolism forms the subject of the present contribution. How do dishes come to be used in a dream as symbols for children?

In his paper 'A Childhood Recollection from "Dichtung und Wahrheit"', Freud has shown that when a child throws crockery out of a window on the occasion of the birth of a younger brother or sister, the act is one of spite, and the article thrown really represents the newly-arrived baby. He has also pointed out that in such cases the article need not necessarily be a dish; a brush, a shoe, or practically any object which comes to hand may represent the baby, and so serve the throwing impulse equally well. Now, although there is no real analogy between such a situation and a dream which expresses a woman's wish to bear a child, it is perhaps worth noting that in some dreams of the type recorded above, the nature of the article thrown from the window may vary or be left vague and unspecified. But in the present dream it is definitely said to be dishes. Are there any reasons, then, which render dishes in this particular context a peculiarly appropriate symbol for children?

Such reasons are undoubtedly forthcoming, and may be stated as follows: (1) Among the articles which make up the interior furnishings of a house, dishes will, in the mind of a woman, occupy a prominent position. It is natural, therefore, that where the house is itself a symbol, they should represent the children who come from within the womb. (2) In view (a) of the very close association in a woman's mind between the ideas of sexual intercourse and the birth of children, and (b) of the familiar sexual symbolism of eating, dishes easily come, through their connection with eating, to be identified with children. (3) It also seems possible that the identification effected in this way through the idea of eating may be facilitated in some cases at least by the re-activation during sleep of infantile theories of oral impregnation. (4) In so far as in dreams of the above type the dishes are represented as receptacles (for example, soup tureens or vegetable dishes), such dishes could serve as symbols through 'representation by means of the opposite'. The container is identified with the contained; the dish, as womb symbol, with the child. (5) The idea of breaking, so closely connected with that of dishes and plates, may also determine the symbolism in some respects. A dish and a baby may be identified in the unconscious because both have to be protected from injury or

breakage through falling or being dropped. (6) It is also possible that a further basis of identification lies in the fact that both babies and dishes have to be periodically washed. (7) The idea of breaking may play a rather different part from that mentioned above. The dream given in this article contains an allusion to 'smashing in the doors downstairs'. It is not unreasonable to suppose, therefore, that among the dream thoughts is to be found that of 'broken virginity', and that a dish, as breakable, may in dreams of this kind contain an allusion to the hymen. Granting such a possibility, the whole symbolism of throwing dishes from a window becomes extremely complicated. There is firstly the idea of throwing away and breaking virginity. Then the dream employs a mechanism of inversion; whereas the breaking of the hymen implies a 'smashing *in*', the dishes are thrown *out*, and the breaking of them (if such may be assumed) is dependent upon this act. Thirdly, the dish, through the connection of the thoughts 'broken virginity' and 'child', represents not only the hymen, but also the child itself who is later to be born. One is reminded here of a fact mentioned by Freud, namely, that in some parts of Germany people say of a woman who is delivered of a child that 'her oven has fallen to pieces'.¹ The idea of breakability contained in this allusion is easily transferable on to the idea of the child who does the breaking, the displacement being all the more likely when, as here, a dish is already functioning for other reasons as a symbol for a child. (8) A question which cannot, however, be answered here, may also be put as follows. Can an ordinary plate, simply by reason of its roundness, be unconsciously identified with the entrance to the vagina and then, through a further identification of things really only contiguous, appear finally in the dream content as a symbol for a child?

No free associations were taken in connection with the dream given in this communication. But it is hoped that the above suggestions may be of value as a contribution to the understanding of certain types of 'dish' symbolism. The possibilities of over-determination as outlined above seem to present a feature of some interest.

N. J. Symons (Halifax, Canada).

¹ Freud: 'Introductory Lectures on Psycho-Analysis, p. 137 (Authorised Engl. Trans.).

NOTES ON PSYCHO-ANALYSIS OF WAR NEUROSES

An adequate psycho-analysis of neurosis in soldiers is possible only in a very limited number of cases for the following reasons: (1) The native intelligence of the majority of cases is below the standard regarded as normal in intelligence testing. (2) The pension factor—the pain from illness constitutes an impassable resistance to complete cure.

In 90 per cent. of cases with amnesia resulting from 'shock', a full recovery of this amnesia results in disclosing that in the moment preceding the mental dissociation the content of consciousness consisted of thoughts of the mother. It is also to be noted that several patients have testified to having heard in the groans of the dying references and appeals to the mother. Another striking feature to be noticed in the recovery of war amnesias is the extreme shame and disgust that accompanies the almost invariable confession that at the moment of shock the sphincters become relaxed with copious evacuation of the contents of the bladder and bowel—this was in some cases accentuated by the repressed memory of having heard stretcher bearers or other members of the medical units exclaim, 'Another bl—sh— case'.

Some of the cases show a pronounced Oedipus complex, and in one case the memory of the actual breast-sucking stage was revived through an association of the rocking movement of a train in which the semi-conscious soldier was being conveyed to the base. During analysis, after great resistance, this patient recalled that he resented and resisted being removed from the ambulance train, as he had experienced so much pleasure from the swaying movement of the carriage, and by this association he revived the memory of his mother rocking him in her arms whilst on the breast.

The Oedipus complex is disclosed in others in different ways, such as continued misunderstandings with and hatred of the father, constant misunderstandings with a wife, etc.

The homosexual component is also strongly marked in large numbers and is disclosed by the very common dreams of assault—many of them having the dressing of war—such as being chased by Germans—combats with Turks, etc.: the homosexual factor is further seen in the case of brothers at the war where the morbid fear of the brother's safety has been prominent before the final collapse.

The final fact that may be cited in support of the sexual theory of

the war neurosis is that in between 90 per cent. to 100 per cent. of all patients who have permitted an investigation into their psycho-sexual life, a degree of psycho-sexual impotence has been discovered—this may amount to merely a marked diminution in object libido up to complete loss of desire and absolute impotence, and even further to an actual hatred of the female. An investigation of several hundred cases of war neuroses extending over seven years has established the fact that there is no essential difference between this form of neurotic disorder and those met with in civil life. It cannot be definitely stated exactly what component or components of the sexual instinct are involved in this disorder owing to the nature of the material and surrounding circumstances, but it can be safely asserted that in many of these men, as Ernest Jones has pointed out, there has been a strongly repressed homosexual component, and that there has also been in many a repression of pronounced narcissistic tendencies to which both Freud and Ernest Jones have alluded in their writings on this question.

Paul G. Dane (Melbourne, Australia).

AN INTERESTING INVENTED 'PORTMANTEAU' WORD

The following has some interest as an example of a spontaneously made-up word suited to express some conflicting ideas in the unconscious of a patient during one of his analytic hours. The patient, a man of thirty-three, very much interested in words, a writer by profession, had begun speaking of his attitude towards dirt, his repulsion for it, and yet his inexplicable interest in it. He said: 'I can't account for it, yet I sometimes feel as if I should like to wallow in dirt'. Then he found himself murmuring, 'Patrer, patrer', and exclaimed, 'How odd that I should think of that word: it's the French for "to roll in", but does not convey anything objectionable as "wallow" always does'. He then passed on to another matter, and soon after the period ended. Next day, as soon as he arrived, he said, with some amusement: 'Do you know, I discover that there is no such word as "Patrer" in the French language, and I can't think where I got it from.' (It may be noted he is very well acquainted with the French language, a fluent reader and speaker, and has lived much in France.) 'But now I have two other words in my mind, real French words; one is, *Pâturer* = *to feed upon*, to pasture upon: the other, *Petrier* = *to press hard*, which is commonly used when lovers meet

and take one another's hands in a close clasp. I seem to have made a new word out of a mixture of these two, and its chief sound resembles Pater = Latin, *father*'.

His 'mixture' revealed certain repressed ideas which later on emerged. To him, to 'wallow in dirt' represented a guilty homosexual relation with his father, in which he desired to take the passive rôle (hence he was the 'pasture-land' expressed in the verb 'Pâturer'. In this situation he was pressed upon (hence 'Petrier', to press in some kind of sexual embrace) and also punished himself for his guilty wish by being rendered immobile ('Petrified, turned to stone').

It had already emerged that in various crises of his life a 'state of paralysis', as he described it, overtook him, and he showed himself peculiarly interested in fable, myth, or miraculous events which centred round a turning of a human being into something inanimate (e.g. story of Lot's wife who became a pillar of salt; the Medusa who turned men to stones and so forth). It has now, as the analysis has gone rather further, become clear that this 'Petrification' idea is bound up with his experiences and wishes between the ages of two and three in bed with his sleeping mother. Hence his made-up word comprehends a number of very important ideas and wishes. The connection between the sudden appearance of his invented word and the analytic situation was indicated by his behaviour as he mentioned and explained the French words 'Pâturer' and 'Petrier'; he flattened himself more and more on the couch, pressed the palms of both hands against it, and finally lay like a statue, immobile.

Barbara Low (London).

PENIS-FÆCES-CHILD

The following series of incidents in the behaviour of a normal child offer a neat demonstration of this equation.

X is a healthy, well-developed and normal child of (now) six years and a half. She is an only child, has happy relations with both her parents, is intelligent, active, socially well adjusted, very affectionate and likeable. The various incidents are reported in chronological order.

(1) An aunt in an advanced stage of pregnancy visited the home about a year ago. X, running into the drawing-room, touched her aunt's abdomen, crying eagerly, 'Oh, auntie, whatever have you got there?'

(2) X spent last summer term at a school where she was for a time the only girl amongst ten or eleven boys, all rather younger than herself. During the hot weather the children bathed in the garden. She was observed to pay a good deal of visual attention to the male organs of the boys during drying and changing. On one occasion she touched the penis of one of the larger boys, saying, 'Oh, what's the matter with it? It's bleeding!' (It was not, of course.) On another occasion, when the children removed their bathing costumes to dress, X said she was 'going to wash her tummy', and reiterated this with emphasis in a way that was clearly designed to attract the attention of the boys. She did wash it, sticking it out in front of her the whole time, and saying 'Look, I'm washing my tummy'.

(3) When at home during the holidays, she asked her father one day, 'Daddy, when am I going to grow long in front like the boys?'

(4) Later on, during the summer, she and her mother went to stay with another aunt immediately after the birth of a baby. During this visit a conversation arose in the family about whether her mother (who is rather stout) were pretty or not. X said she thought her mother was 'pretty, but too fat'.

(5) At school, in the ensuing autumn term, X's teacher, Y, had one day some occasion to interfere with her activities, and after expressing her anger and hostility verbally, 'Oh, you beast, you dirty horrid Y!', X ran to the lavatory, shut herself in, and then called out that she was 'falling down the lavatory', and called to another child to ask Y to 'pick her out'. After this request she was friendly and docile for the rest of the day.

(6) X and the oldest of the boys, Z, constantly assume the part of Daddy and Mammy, and play a family game in which the younger children are the 'babies'. On one occasion, X and Z spent a morning sewing, 'making things to keep, for when we are grown-up; because we are going to be married. We are, *really!*' And presently X told us that they were 'going to have some babies'. And the things they chose to make (entirely without outside suggestion) were *egg-covers*. They made three or four each, and took them home. X put hers away in a drawer in her bedroom, where she still keeps them.

(7) X lives in a house that has outdoor sanitation, and during the cold weather she was allowed to use the chamber-pot indoors. Soon after the incident last reported, she surprised her mother with the request that she might defæcate in the pot *in the drawing-room*. The mother said 'No, you must use it in the bathroom'. She acquiesced

with no demur. The next day the mother found, stood on the floor in an obscure corner of the drawing-room, *an egg-cup*! She asked X if she had put it there, which was certain; X blushed vividly, turned away, and did not answer. The mother, fortunately, did not press her, as she realized that she had stumbled upon a very delicate matter. It may perhaps be usefully recorded that the writer, in giving a verbal account of this incident to a friend, instead of quoting the mother as saying 'No, you must use it in the bathroom', said 'No, you must use it *in the drawing-room*'.

Susan Isaacs (Cambridge).

ABSTRACTS

GENERAL

Charles S. Myers. Freudian Psychology : A Lecture given at the Institute of Pathology and Research, St. Mary's Hospital, on June 3, 1926. *The Lancet*, June 19, 1926.

The author wanted to form a more exact judgement of Freud's teachings. On the other hand he recognized that few had ever made this attempt in a spirit of impartiality or after adequate training in normal psychology. The reaction of nearly all Freud's followers had been an emotional one.

He then proceeds to display his spirit of impartiality first by dealing with Freud the man. He is not a trained psychologist, he ignores or despises current psychology, but contempt is often the cloak for ignorance. He suspects that Freud depicts 'the dim recesses of his own soul,' within which affection conflicts with enmity, generosity with despotism, inferiority with ambition, and the volatile, volcanic temperament of the artist with the man of science.

As a boy no doubt he was subjected to all the indignity and contempt inseparable from an anti-Semitic atmosphere. In his followers, too, a lack of mental balance is notable, and at least three suicides (!) are on record within the narrow range of Freud's own psycho-analytic circle in Vienna.

Freud has founded a school of which he is the despotic, infallible, quasi-papal head. As a leader he has been compared to the leader of a herd who drives out any members who attempt to usurp his authority. This attitude his enemies ascribe to ambition and intolerance, his devotees to the necessity of protecting his teachings from charlatanry.

Quite dishonestly he then quotes a passage from *Beyond the Pleasure Principle* dealing with the death instinct which Freud specifically states is purely speculative, and gives to his hearers the impression that Freud is speaking of his whole teaching. Thus: 'I might be asked whether I am myself convinced of the views here set forward, and if so how far. My answer would be that I am neither convinced myself, nor am I seeking to arouse conviction in others. More accurately, I do not know how far I believe in them'.

In Freud's hands hypnosis did not prove uniformly successful; his experience was, it concealed the resistance and therefore only yielded incomplete information and transitory therapeutic success. This, however, was not the experience of others, who found in it a rapid method of psychological analysis during the war. But during a psycho-analysis the escape from the use of hypnosis is not so complete as at first sight it appears

to be. The state of calm self-observation in which the patient is told to place himself is apt to pass into a condition of mild hypnosis.

The description of the transference is peculiarly distorted. We may well wonder how far psycho-analysis as practised by Freud owes its success to the resuscitation of repressed complexes, how far to the peculiar interpretation, almost invariably in terms of sexuality, which he gives to his patients, and how far to the extraordinarily suggestive influence which the analyst comes to exert over his patient because of this transference. Realizing the enormous power of suggestion and Freud's stress on the transference, can we from the therapeutic success of Freud's psycho-analysis justifiably infer the truth of his interpretations and of his view of the rôle of sexuality in the psychoneuroses?

Can we be sure that Freud is justified in his belief that every neurotic is homosexually inclined; that every neurotic shows in his symptoms substitutes for sexual gratification; that most dreams treat of sexual material and give expression to erotic wishes?

Freud's cardinal error is undue readiness for generalization. No one will deny the sexual causation of many dreams and neuroses, but he will refuse to accept this as a generalization. Again in slips of the tongue could anyone who has had experience of apraxia accept the generalization of Freud's theory of two different intentions interfering with one another? So again the Oedipus complex, in the sense of a special attachment of the child to its parent of the opposite sex, exists. But that it is universally present in the development of every individual is sheer generalization based on totally inadequate evidence and opposed by other competent observers.

In regard to sexuality there is always a risk of applying to normal persons the findings in abnormal cases. Therefore we are not justified in concluding that the perversions are latent in all or that the sexual instinct has a manifold source. We refuse to follow Freud in his conclusion that because infants perform the movements of suckling with no other object than that of obtaining pleasure one should therefore call these areas erotogenic zones and describe the pleasure as a sexual one.

The libido theory is a fantastic creation which the author is unable to understand. Sometimes it is obscurely described as the investment of energy directed by the ego, sometimes as inflating the ego with its own energy. Sometimes, as in anxiety, the ego is described as flying from its libido, and so on.

Speaking of the unconscious, he remarks that Freud has been forced to posit an ego-ideal or super-ego, a moral factor dominating the ego. The super-ego or conscience acquires its characteristics of authority and affection because it is created by the first relations of the libido of the 'Es', namely, towards the two parents, when introjected into the ego.

Who but a blind follower, totally untrained in psychology, could adopt such a wild, useless farago of generalization? Freud sees sex everywhere, and attends to little else.

Referring to symbolism, it is stated there are few statements of Freud which are wholly untrue. But his lack of psychological training, his need to maintain his position as the head of a school and his own brilliant and erratic personality, combine to make his teachings ridiculous in the sight of all free-minded men. Nobody denies that symbolism often provides a welcome source of escape from unpleasant ideas. But look at the list of symbols given by Freud for the genital organs! Here follows a list of symbols.

Those who wish to see to what lengths Freud and his followers are prepared to go in bringing suggestion to play on their subjects should read his analysis of a phobia in a five-year-old boy. He seizes upon the fact that Freud had to abandon his theory of the infantile sexual trauma in favour of phantasies, and asks is it not possible that from this conviction, based on a few possible real instances, he has been led to suggest to his hysterical patients that they had been violated in early life?

Two dreams, with their interpretations, are taken from Freud's writings to illustrate the supposed absurdity of the symbolic interpretation. He chides Freud for his familiarity with the unconscious and says he claims to know as much about the unconscious mind as the ordinary religious man claims to know about the mentality of God.

If only Freud had taken the trouble to define more adequately what he meant by wishes, by ideas—sexuality, instinct, anxiety, love—and had abided if only for a few consecutive years by these definitions, how different would have been the result. But then we should have exchanged the wild visionary, the inspired seer, for the duller and more temperate man of science.

Warburton Brown.

★

William A. White. *The Adjustments and Unity of the Organism. Psyche*, 1926, Vol. VII, p. 5.

Simple cells show a lack of organization. In living matter there is a tendency for paths of energy to become permanent, and it is in this tendency that we find the beginning of *structuralization of function* or the formation of definite tracts by energy. These energy channels become permanently organized, the organization being transmitted to form part of the organism. Later, organization follows a definite plan and we find head and tail ends, etc. Experiments show that energy is highest at the point where the stimulus is received. The tapering of energy intensity is called the *dynamic gradient*. From these conclusions it is suggested that the single-celled organism has a head in effect, if not in structure, and the beginning

of mind. Mind is the final representation of the function of the organism as a whole. In the single cell is found the commencement of psychological types of reaction just as is found the simplest types of structural organization. Having touched on the evolution of the nervous system, White expresses a belief that all the internal organs have reached the limit of their development, but that the cerebral hemispheres may continue to increase in size and complexity. Mind is a function which has not yet become structuralized. It is suggested that bodily structures were originally mental. In the lower types function appears long before structure. We cannot lay down functions in structure until they have been well tried through the ages. Mind being function without structure is very adaptable. Automatic mental processes such as control the viscera and endocrine glands represent stages which are intermediate between the fluid quality of mind and definitely laid down structures. Malignant growths are explained in terms of the organism's dynamic gradient, the controlling force at the head end being insufficient to affect all parts of the body equally: local irritation will thus develop an organization of its own. Instincts are divided into two main groups, the sex or life and ego or death instincts. In this connection no mention of Freud is to be found.

Robert M. Riggall.

★

CLINICAL

James Glover. Divergent Tendencies in Psychotherapy. *British Journal of Medical Psychology*, 1926, Vol. VI, p. 93.

This paper deals with certain broad issues dividing those practising Psychotherapy, the most fundamental of which depend on its conception as an Applied Science. Discussing certain grounds for scepticism and half-hearted reliance on psychological techniques, Glover comments on Reik's suggestion that a motive for psychologizing might be due to a desire to satisfy curiosity without uncovering the deeper determinants of our mental processes. He thinks that the reluctance to do so is not entirely due to any physiological bias in medical men, but may actually constitute a psychophobia. Emphasis on physical aspects of neurotic illnesses is probably determined by some inhibition connected with the exploration of their psychological causation. The psychotherapist tends to be influenced by a physiological bias which causes him to over-estimate environmental influences and under-estimate the importance of inner forces. It has recently been demonstrated that the fate of *inner* instinctual urges plays a far more important part in the ætiology of neuroses than environmental factors prevailing at the onset of the illness. Glover believes that man's capacity for achieving profound modification of instinct is now in part inherited. Neurosis is the expression of failure to establish a compromise between certain instinctual claims and the counter-

claims of a cultural self created in the image of the parental representative of social ideals. The repression of instinctual demands and the failure of the neurotic to satisfactorily *displace* these strivings on socially acceptable ends, make it impossible to envisage the patient's relation to his environment as a simple biological one such as is established by animals in captivity. We are thus unable to build Mappin Terraces for our neurotic patients. The neurotic's inability to maintain a harmonious relationship to his environment is only partly due to the frustration of conscious aspirations; these factors can only precipitate the onset of neurosis. The treatment of neurotic disorders by modification of environment is considered and is shown to be a 'hit or miss' therapy; it can only be a palliative measure. Neurosis can only be stated in biological terms of 'organism reacting to environment' when we take into account the modification of instinct by the cultural *milieu* which takes place at the beginning of life. Scientific therapy should aim at better adjustment of internal conflicting forces rather than at reaction to environment.

The view that a scientific psychotherapy requires to be supplemented by philosophic or religious doctrines is criticized. In his criticism of 'medical moralization' it is noted that the neurotic is not so much concerned with ordinary temptations as with his arrested infantile cravings. Medical moralization will thus leave the real source of guilt untouched and may dangerously increase the already too strenuous activities of the super-ego. The paper concludes with a lucid account of the mechanism of transference and how it can be applied either to influence the patient directly, and so increase his repressions, or as a means of reviving memories of his forgotten infantile past. *It cannot be used in both of these divergent directions.* Analysis automatically achieves synthesis. To be scientific the transference situation must be conducted according to the rules of psycho-analysis.

Robert M. Riggall.

★

APPLIED PSYCHO-ANALYSIS

Ella Freeman Sharpe. Francis Thompson: A Psycho-analytical Study. *The British Journal of Medical Psychology*, Vol. V, Part 4.

This study endeavours to correlate the facts of Francis Thompson's life with the content of his works and so to arrive at some understanding of the underlying unconscious problems. The sublimation of these resulted in the greatest religious verse of the nineteenth century. Failure of sublimation resulted in the ineffectual, irresponsible Thompson who became an outcast and opium drinker.

The poet's intuitive power of transcribing unconscious experiences into analogous expression enables the psycho-analyst to understand

unusually clearly what those same unconscious experiences were. He, like Shelley, had 'an instinctive perception . . . of the underlying analogies . . . between matter and soul. He could express as he listed the material and the immaterial in terms of each other'.

Family characteristics reappeared in Francis Thompson. He followed his parents in the Roman Catholic faith. He failed to enter the novitiate. His mother had failed too. He considered he inherited his mental and physical traits from his mother. Aloofness from life and disregard of worldly prosperity, so marked in Francis Thompson himself, are characteristic of members of a scattered family.

He was the second son, the first dying in infancy. He had two sisters for companions in the nursery and he was taught with them by the same governess. Later he attended the school of the Nuns of the Cross and Passion until at the age of twelve he was sent to Ushaw College. He records that childhood was tragic to him. He became 'expert in concealment'. The outer evidences of the inner tragedy of childhood were to be seen in his painful inability to adjust to the domestic demands of the home, e.g. he could never be punctual, could never relinquish his toys, and resented the fact that boys were not expected to play with dolls. He wrested a succession of dolls from his sisters.

His schooldays were unhappy. He did not want to leave home, and he regarded his tormenting school-fellows as 'heralding a world's ferocity'. His lot was no worse than that of other boys, but he says 'a gash is as painful to one as amputation to another'. He became more reserved. He surreptitiously began writing poetry. He left school with the bitter grief of being deemed unsuitable for the calling of a priest.

He spent six years training for the medical profession in Manchester. He attended few lectures, but frequented the museums and secretly wrote verse.

The gift of De Quincey's *Confessions of an English Opium Eater* from his mother was a significant gift, forging an allegiance to De Quincey's spirit, evidence of this being shown in subsequent events of Thompson's life, and De Quincey's influence on his poetical development.

Thompson began drinking opium. After a second failure in his final examinations, the rupture with his father occurred and Francis Thompson went to London. Here he touched the depths of poverty. He was thwarted in a suicidal attempt by a vision of Chatterton. The next day he saw one of his own poems in print. The Meynells sought him out, and until his death in 1907 they cared for his physical well-being, and under their protection and encouragement, his genius became productive. During this time he abstained from opium. The later years were unproductive. Opium became again a necessity. He died in a London nursing home in 1907 with his toy theatre beside him.

The theme of the *Hound of Heaven*, Thompson's best-known poem, recurs in other poems which are not of a religious nature. In the *Hound of Heaven* the soul of the poet is in flight from the divine pursuer, who is God, to whom the poet must capitulate at last. God is the Father, the Lover. In the *Ode to the Setting Sun* and the *Orient Ode* the sun becomes identified with God, and the poet imagines the planets fleeing from this hunt which is the 'hunt o' the world' and its consummation is 'Thou join'st the woman to the man'. The elaboration of this theme can be followed in *The Narrow Vessel*, *The Ode to the English Martyrs*, *Laus Amara Doloris*, *Assumpta Maria*. The erotic motive of the chase becomes clear in this elaboration, the pursuer being Father, God, Sun, Death, while the poet is the pursued, the sufferer, the sacrificer, the woman. The poems are his sacrifices. They 'sum in one all renderings that were', mother and wife of her child, the maid of her virginity, the child of the mother's breast.

Thompson's femininity comes to fullest expression in the *Assumpta Maria*. He, the poet, is Mary, Mother of God, and Queen of Heaven, and the pursuit theme emerges in the poem *Contemplation* in its full significance, when he (the poet) 'his mortal house unbars to the importunate and thronging feet'.

The poet identifies himself with two types of women, the Pagan and Christian. It is the strength of the erotic motive underlying the former that tortured the poet. Thompson's rejection as a priest is surely linked in his own mind with some deep disquiet concerning his poetry. One remembers the secrecy at home and school concerning his early efforts. He never informed his father.

The poet is the Pagan Goddess in *Daphne*. But both types are merged and reconciled in poems such as *The After-Woman*. This reconciliation seems to have been psychologically possible under the influence of Alice Meynell. *Love in Dian's Lap*, poems dedicated to her, breathe a Christian spirit, but bear a Pagan title, and while they are the poet's delineation of his revered lady, he gives the unconscious significance of them in words referring to his own spirit,

'Unveil this spirit, lady, when you will,

.

And if you love the image, 'tis your own'.

The virginal and prostitute identifications are traceable to the virginal and prostitute phantasies concerning the mother, and these are to be found in *An Anthem of Earth*.

The portrayal of the consummation of love lies in such phrasings as 'enchanted movelessness', 'passionless passion', 'wild tranquillities'. For him the onset of love is quiet and comparable to the babe at the

breast. And when he refers to his unfulfilled desire for his benefactress his frustration is put again into the imagery of deprivation of food. One ventures the opinion that in Francis Thompson we have a unique psychical fixation at the oral level. Psychically he was never weaned. In *Of Nature, Laud and Plaint*, he makes this very clear to us. The penis-nipple phantasy underlies such phrases as 'God focussed to a point'. Deity is 'twi-formed', 'nurse at once and sire'. When he is weaned 'God is stolen from the mouth', and weaning is a symbolic castration.

The phases of the eternal cycle revolve in himself, for he himself is both mother and child, and the child in the womb is God and son. His goal is death or the womb, for only in 'the sacred bridal gloom of death' will father and son be one.

The poet is omnipotent in his soul. He in his poetic work (e.g. *Carmen Genesis*) is a creator even as God created the universe.

Thompson was assured of the immortality of his verse, an assurance paradoxical enough in the face of his neglect of the world.

His actual life, as well as his verse, give evidence of the yielding up of all to this relentless pursuer, but it has, too, the significance of a deep-seated infantile omnipotence. His disregard of time, health, all ties and obligations point to an inner desolation of spirit when confronted by reality limitations.

Much of Freud's theory of infantile sexuality could be formulated from Francis Thompson's poetry, so direct is the transcript from the unconscious mind in his verse :

' We speak a lesson taught we know not how,
And what it is that from us flows
The hearer better than the utterer knows '.

Author's Abstract.

★

I. A. Grant Duff. A Psycho-Analytical Study of a Phantasy of Ste. Thérèse de l'enfant Jésus. *British Journal of Psychology*, 1925, Vol. V, Part 4, p. 345.

The subject of this study is Thérèse Martin, a French girl who was canonized last year. She entered a Carmelite convent at the early age of fifteen and a half, and died when she was twenty-seven and a half. She wrote her autobiography a year or so before her death, at the request of an elder sister, who was prioress of the convent where she was a nun.

When she was two to three years of age she had a phantasy of flying to God in her mother's arms, where she felt God would be unable to do anything to her. The study gives many of the forms through which this phantasy passed during the course of her life, and shows how her vocation,

and a long illness, which she had when she was ten years old, were an attempt to reproduce it in action.

The unconscious wish is the gratification of the desires towards the father, with the mother as an intermediary. Part of the mechanism is an intense identification with the mother's genital organs.

Author's Abstract.

BOOK REVIEWS

Die Frage der Laienanalyse. Unterredungen mit einem Unparteiischen.
By Sigm. Freud, M.D., LL.D. (Internationaler Psychoanalytischer Verlag,
Leipzig, Wien, Zürich, 1926. S. 123.)

The aim of this book was probably intended to be a strictly limited one. It would seem to be addressed to an imaginary audience of educated people having official influence, who wish to be informed on the question of what attitude a Government should adopt towards lay analysis. To this question it provides a perfectly definite answer, the reader being left in no doubt about Professor Freud's personal views on the matter. The practising analyst, however, aware of all the complicated difficulties of the problem, will not be able to help regretting that Professor Freud had not dealt more briefly with the local authorities of Vienna, perhaps in the form of an essay a quarter the size of the present one, and then devoted the rest of his effort to discussing the technical aspects of the problem with those who would be profoundly interested to listen. For it must be confessed that many of these aspects are glossed over, simplified, or left altogether unmentioned, to an extent that will leave many analysts unsatisfied and only desirous of a fuller exposition.

The book is cast in the form of a Socratic dialogue between Professor Freud and an imaginary (very imaginary !) person of culture who approaches the question in an entirely impartial manner. It is a form which, as we know from, for instance, the *Introductory Lectures*, is admirably adapted to the author's power of exposition, for it enables the writer to deal most directly with the difficulties and objections that may arise in the mind of the audience. There is one criterion especially necessary for success, rigidly honest impartiality in divining the actual objections of the audience, and this criterion Professor Freud knows well—no one better—how to observe. When one reads *Sie werden sagen*, one can be sure that one is going to see some troubling difficulty finally resolved. There are a few passages in the present volume in which Professor Freud does not quite reach his exceedingly high standard in this respect. Not, of course, that he ever puts into the mouth of his interlocutor anything the latter would be unlikely to say, but there is not always the delicate precision to which we are accustomed in finding the exact nature of the objection to be answered.

The book may be said to contain three elements : first, an exposition, which is quite up to the author's usual standard of excellence ; secondly, an argument, which has several features of imperfection ; and thirdly, a vision, which is the most remarkable and interesting part of the whole book.

About the first part, which occupies more than two-thirds of the whole, there is little to be said except to marvel once more at the ingenuity with which Professor Freud can expound a familiar theme over and over again with constant freshness and novelty. He has perhaps never written a better description of what psycho-analysis is, its theory and practice, than in the present exposition. It is one that every analyst will read with profit. Especially fresh is the illuminating way in which, in several passages scattered throughout the exposition, Professor Freud points out the endless respects in which the very existence of neuroses constitutes an embarrassment to society. Social institutions—religion, the law, and not least of all medicine—are built on the assumption that there is nothing between the entirely rational, self-explanatory, self-controlled, self-determined and fully responsible man and the complete irresponsibility of disease that destroys the brain. No provision has been made at any point for the numerous intermediate types, to which we are beginning to see most of mankind belongs; and the replacing of the old fond belief in a unitary ego by the complex knowledge of the unconscious introduces embarrassment and difficulty at every point.

Two sentences on short analyses are well worth selecting for quotation: 'I regret to have to say that up to the present all attempts seriously to shorten the treatment have failed. The best way to shorten it seems to be carrying it out correctly' (S. 76, 77). One notes that Professor Freud expresses himself for the first time wholeheartedly in favour of infant analyses, though with the debatable modification that they should be accompanied by educative measures (S. 60, 61). I say 'debatable', because with the adult we have learnt to keep the analytic procedure pure from admixture with other measures, and it is quite possible that further experience may show us that the same attitude presents advantages with children also.

The rest of the book is definitely a special plea in favour of lay analysts. Professor Freud rarely leaves one in doubt about his opinions, and he certainly does not do so here. The book is written to provide information that will enable the imaginary lawgiver to come to a conclusion on the central question of whether lay analysts should be forbidden by law from practising. While disclaiming any wish to pose as an authority on the theory of law, Professor Freud makes it easy for the reader to infer that his own opinion would be unequivocally against any such action on the part of the powers that be (see especially S. 97, 101, 123). His main arguments, which the reviewer finds entirely convincing, are: 1. There is no inherent reason in psycho-analysis why it should not be practised by lay persons. Whether for various reasons it would be more *desirable* for the analyst to be a medical practitioner is quite another question, which should be separately discussed. 2. Any such prohibitive action

would hamper the natural development of psycho-analysis as a science, with certainly disadvantageous consequences. One has only to think of the invaluable contributions that have already been made to this science by non-medical workers coming from other spheres; the application to other fields of work, such as sociology, anthropology, philology, mythology, pedagogy, etc., implicit in psycho-analysis, applications the future importance of which may well outweigh the medical ones; and finally, the inestimable gains to psycho-analysis that must accrue from the knowledge won in these other fields (consider symbolism alone!). These considerations make it evident that to confine psycho-analysis to its medical aspects would be to bring about a calamitous impoverishment.

3. Such action would be an arbitrary and one-sided step in the protection of the public, and would pass by the really important steps that could be taken for this purpose. Professor Freud rightly points out that the most indispensable qualification for the practice of psycho-analysis is a training in the method and a knowledge of the subject itself, a matter in which no interest has been shown by those concerned to interfere with lay analysts. If these people were successful in their endeavours we should have the strange spectacle of many practitioners well qualified to perform analyses being forbidden to do so, while no check whatever is placed on the method being practised by those ignorant of it provided only that they were medical, and no attempt whatever made either to inform the public how to distinguish qualified analysts from unqualified ones, or to further the institutions that provide the requisite training.

So far Professor Freud is on sure ground. When we come to the more difficult question of whether it is more *desirable* for an analyst to be medically qualified or not, which in practice means whether our Institutes should encourage a candidate to be medically trained before taking up the practice of psycho-analysis, we find Professor Freud's persuasive powers less completely convincing. The reason for this can be indicated by a single consideration. We all know that, however much each individual may incline towards either solution, there are certainly serious arguments that can be advanced on either side which must be taken into account if one is to arrive at an objective standpoint. Professor Freud, however, does not exercise to the full his customary judicial attitude, with the result that we are presented with a rather one-sided view of the picture. Among a long array of arguments, dozens of them, in favour of lay analysis, he only mentions one solitary point on the other side, namely, that the initial diagnosis has to be made by a medical practitioner. (Even here he does not adequately discuss the complications arising from the circumstance that in many cases the diagnosis can be made only during the analysis). It is a pity, for one has every reason to suppose that he could have satisfactorily answered most, and perhaps all, of the arguments

that have been advanced on the other side. Let us hope that he will do so at a later date, perhaps as a sequel to the projected discussion in the JOURNAL.

This partiality cannot, of course, be due to any wish to present to the public an artificially smooth view of the problem. The reasons appear to lie elsewhere. Professor Freud was probably concerned to put his case forcibly because of an intense conviction that any alternative would seriously imperil the future development of psycho-analysis. He gives very weighty grounds, which we shall consider below, for this conviction. A second, less obvious, motive would appear to lie in a certain animus against the medical profession. We think it desirable to deal frankly with this possibility, one which Professor Freud himself broadly hints at in several passages (S. 86, 93, 94), because some readers may on detecting such a prejudice be tempted to discount unduly arguments and conclusions intrinsically valid. After all, the situation is humanly very comprehensible, and in the last resort implies a considerable compliment to the medical profession. We know from his earlier writings that when Professor Freud first presented his discoveries to a medical audience the lack of objectivity displayed by his colleagues greatly surprised and shocked him. At that time he regarded what he had found as essentially a contribution to technical problems concerning the ætiology of the neuroses and had little inkling of its far-reaching implications. It was many years before he could realise that the resistances he encountered with his patients were of a universal nature, so that the reaction of his medical audience was infallibly to be expected and fully intelligible; it would be as meaningless to blame them for it as to blame the patients for their conflicts. In fact Professor Freud applied, and to some extent has continued to apply, a more stringent criterion to the medical profession than to any other section of the community. He expected more of it and, in spite of the fact that it has actually responded better than any other class (for the fact he quotes that four-fifths of his followers are medical is by no means solely due to the medical associations of psycho-analysis), the response has still disappointed him. The unduly high standard he has exacted has led to the usual reaction of chagrin, over-estimation being replaced by a tendency to under-estimation. It is easy for those who follow on to preen themselves on their freedom from this particular prejudice, even when they may have suffered considerably at the hands of their medical colleagues, but it should not be forgotten that most of us started with the inestimable advantage of knowing that the obnoxious reactions we have had to endure were to be anticipated from the world at large, including the medical profession, and even on occasion including practising analysts. This knowledge has unquestionably made it easier to face with comparative equanimity—for to be forewarned is to be fore-

armed—the injustices and calumnies which otherwise would have proved incomprehensible and intolerable.

Only by assuming the presence of some such affective influences as the two just mentioned can one understand a number of peculiar turns given to the argument, and a number of generalisations, invariably in favour of lay analysts, that must be termed very sweeping.

The very first argument brought forward about the question is 'Doctors certainly have no historical claim to the exclusive possession of analysis; on the contrary, until lately they have done all they could, from the shallowest mockery to the gravest calumny, to injure it. You will, quite rightly, answer that that belongs to the past and need not influence the future' (S. 86). This is not the answer that the opposite party might give. He might well say that the resistances of the medical profession against psycho-analysis are at least no greater than those to be expected from any profession or class brought into similarly close contact with it (in England we have had shouts of anger from the legal profession at the most distant approach of psycho-analysis), and that so long as some members of that profession keep recruiting the ranks of psycho-analysis, as they do in fact, the resistances of other members is irrelevant to the main question at issue.

Professor Freud insists with emphasis that no lay analyst should ever undertake an analysis unless the patient has been examined, and the diagnosis established, by a medical practitioner; in other words that lay analysts should confine themselves to treatment and should not practise (S. 110), a conclusion which the medical profession, both its analytic and its non-analytic sections, would unanimously endorse. But he is incautious enough to add the following statement without any qualification: 'This rule has always been kept in our analytical societies'. Professor Freud's experience here must be a very exceptional one, for most analysts could cite evidence enough to the contrary; my own impression, based on very extensive data, would be that the rule is as honoured in the breach as in the observance, and that quite irrespective of where the particular analyst had been trained.

Nor is the flattering picture of the academic qualifications, etc., of lay analysts (S. 113) universally true, even if one confines it to Europe.

On the other side, after rightly insisting that those who practise psycho-analysis without acquiring an adequate knowledge of it deserve to be termed quacks whether they possess a medical qualification or not, Professor Freud says: 'From the standpoint of this definition I venture to assert that doctors furnish a preponderating contingent to the quacks of analysis, and this not in European countries only' (S. 87). One wonders on what evidence this statement is based, for it is obviously a very difficult question to answer. All that is certain is that one more surely gets to

hear of medical quacks than of others, for there are numerous points of professional contact with the former. The statement quoted may be true for Austria, but it is more than doubtful if it holds good for England and America or indeed if the exact reverse is not nearer the truth.

One is astonished to see the view definitely put forward that while the analytic treatment of a psychotic would mean a superfluous expense it would do no other harm to the patient (S. 106). There is surely a certain amount of evidence to show that the analytic resolving of defensive delusions may in some cases bring with it the risk of precipitating a state of dementia. In any event our knowledge in this field is as yet by no means extensive.

Professor Freud thinks that the attitude of those medical practitioners who disapprove of lay analysis is mainly actuated by a sense of professional loyalty, in which point the reviewer would agree with him, but he makes little attempt to rebut the arguments advanced by those who take up that attitude. If any are actuated by competitive jealousy they must be very shortsighted, for it must be a matter of indifference to them whether they compete with medical colleagues or with lay analysts, and he admits that they evince no opposition whatever to the analytic training of their colleagues. It is an ignoble motive to impute to anyone, but we analysts are accustomed to discovering ignoble motives and even they must be stated fairly if they are to be dealt with. It is in fact not a matter of indifference, for the simple reason that a number of lay analysts, whose training takes only a quarter as much time as the medical analyst's and who have no special scale of living imposed on them as it is on physicians (in some towns, for instance, a physician is compelled to practise in certain expensive streets or not at all), would soon lower the financial standard of analytic work. This unpalatable example is cited as only one more instance of the incomplete statements contained in the book.

Professor Freud takes up the firm standpoint that provided only that the analyst is properly trained in his own work it is 'a matter of indifference' whether he is also medically qualified or not (S. 94). That being so, he regards it as a 'waste of energy', as 'unjust and unpractical', to demand that the future analyst should have a medical education. In fine he not only thinks that lay analysts should not be forbidden to practise, but he sees no reason for encouraging them to be medically educated. He even points to distinct disadvantages in their being medically educated (materialistic bias, etc.). It would be better for them to devote their time to studying many subjects that are not included in the medical curriculum, namely, history of civilization, mythology, psychology of religion, and literature. In this connection he makes the strong statement that 'without being well-informed in these subjects an analyst must find a great part of his material incomprehensible' (S. 116). It is to be hoped that this

is somewhat exaggerated, for the number of analysts, lay or medical, who come up to this standard cannot be very great.

To sum up our impression of the main argument. It is presented with Professor Freud's usual skill and cleverness, but it contains nothing new, it omits much of importance, and it is unmistakably partial. Nevertheless, in spite of these deficiencies the conclusions reached may be perfectly sound; we may reasonably hope that a more extensive discussion will lead to a definite decision as to their validity.

We come last to the most fascinating part of the book. It is a vista of the future contained in the last few pages, where a certain amount of reading between the lines is permissible. Moved by the possibility of psycho-analysis being 'devoured' by medicine, and finally disposed of as a sub-section of the chapter on treatment in a text-book of psychiatry and all its wider implications being lost sight of, Professor Freud hints that this fate can be avoided only by psycho-analysis constituting itself into a totally independent discipline, forming thus a profession by itself. He sketches in outline the curriculum he would consider desirable for the professional education, both preparatory and technical. This would comprise, in addition to the subjects mentioned above, an introduction to biology, a thorough knowledge of the sexual life, and an acquaintance with the clinical pictures of psychiatry. The suggestion bristles with difficulties, both theoretical and practical. How much could one learn about general paralysis, for instance, without a knowledge of neurology, pathology and clinical medicine? Where are the specialists who could lecture on the subject of sexuality, either in man or in animals? What opportunity is there for studying mythology, the psychology of religion, or even the history of civilisation? These questions and a score more press on one. It all sounds very like *Zukunftsmusik*. But after all the main thing is the idea. If the idea is sound all the difficulties will in time be overcome. And the idea is certainly one to capture the imagination.

If loyalty to psycho-analysis and loyalty to the medical profession ever came to be pitted against each other, with how many medical analysts would the former win? I hope, and believe, it would be with a great majority. But one cannot help also hoping that some other solution will be found that will permit of harmonious co-operation.

The questions discussed in this book concern every analyst, and, having regard to the functions of the International Training Commission, the time can no longer be postponed when some definite decision on them is come to. We must all be grateful to Professor Freud for arresting our attention by a volume that is both challenging and inspiring.

E. J.

Technik der Psychoanalyse : I. Die analytische Situation. By Dr. Otto Rank. 1926. (Franz Deuticke, Leipzig and Vienna. Pp. 211. Price Gm. 7.)

Rank's recent writings dealing with the technical side of psycho-analysis have aroused general interest in two directions: they have laid far more stress than usual on the factor of transference or, as Rank calls it, the 'analytical situation', and in the second place they have urged us to pay more attention than has been done hitherto to the part played by the analyst in that situation as mother. I have already had frequent occasion to point out the importance and practical value of the first of these points, and I have made every effort to convince myself equally of the validity of the second. One obstacle to my doing so was that Rank had hitherto omitted to give any precise account of the technique employed by him. Thus it was with great interest that I (and many others too, no doubt) welcomed the appearance of a work from his pen upon the technique of psycho-analysis. Unfortunately, however, the feelings left by my study of this book have been almost entirely those of disappointment, and the same will probably have been true of many of those who have hitherto worked as his colleagues. To begin with, the title of the book gives a false impression: what is discussed in it is not the technique of psycho-analysis but a modification of it which departs so widely from what has hitherto been practised that it would have been more straightforward to have described the book as the Rank technique (or perhaps as the 'Birth Technique') for the treatment of the neuroses. The actual title may mislead many people who are unaware of the various phases through which Rank has passed, but who know of the long and fruitful period during which he worked with Professor Freud.

The characteristic feature of the whole book is its tendency to exaggerate what are in themselves (in part, at least) interesting views and not infrequently to press the exaggeration *ad absurdum*. In the book in which Rank collaborated with me, *Entwicklungsziele der Psychoanalyse* (1924), a whole chapter of which is reprinted in the present volume, he was still of opinion that analysis must be carried out 'by consistently translating the unconscious material in every one of its manifestations and by interpreting it *both* in respect to the analytical situation *and also*, on parallel lines, in respect to its infantile bearing' (p. 35). But in his latest book he has reached the point of almost completely neglecting the historical standpoint, and ends by declaring that the analyst 'in the full and secure consciousness of his aims, and often against the associations and intentions of the patient, . . . must make him go through a perfectly definite experience in the treatment' (p. 20). This perfectly definite experience is one of an emotional nature between the physician and the patient, that is, roughly what Freud has described as 'repetition,' except that Freud, and all of us

who follow him, leave it to the patient to repeat whatever it may have been that he was driven to by his individual fortunes, whereas Rank, evidently relying too much upon his 'birth trauma' theory of the neuroses, actually compels his patients to repeat during the treatment a kind of birth experience, which is provided, in his view, by the process of the patient freeing himself from the analyst. He maintains that he has witnessed the spontaneous though unconscious manifestation of this tendency so often that he need no longer wait for it in each case but can interpret every utterance of the patient's from the beginning of the treatment as a flight from this experience. This task of interpretation may sometimes seem a hopeless one, but, thanks to the ingenuity that we know so well, Rank can achieve it, though only by being arbitrary to an unparalleled degree in his method of interpretation, which in its one-sidedness surpasses the efforts of Jung and Adler. Such onesidedness is the logical consequence of Rank's profound conviction that his theory of birth shock has said the last word on the neuroses; he is thus relieved of the trouble and duty of examining each fresh case, as we are accustomed to do, with an unprejudiced and, as it were, naïve eye. This cuts him off, incidentally, from the possibility of ever finding anything new: what he seeks and, of course, what he finds is only the confirmation of what he already knows. And further, it strikes me as inconsistent to deny the value of the historical standpoint in general, while at the same time laying such disproportionate weight upon the one particular historical factor of birth. The author omits here, too—as he did in his earlier publications—to furnish the real (non-speculative) foundations of his theory.

Rank falls into the same fatal mistake of replacing a cautious 'not only . . . but also' by a high-handed 'either . . . or' when he comes to the question of how far what produces therapeutic results in analytical treatment is intellectual insight into the repressed motives and how far it is purely the factor of experience. I myself was one of the first to argue that increased importance should be assigned to the factor of experience; I even put forward the view that it was possible and desirable to intensify the emotional character of an analysis by setting the patient certain tasks alongside the requirement of free association (i.e. by what is known as activity'). But all such experiencing during an analysis was regarded by me as no more than a means for arriving rather more rapidly or more deeply at the roots of the symptoms, and this latter part of the work—the real guarantee against a relapse—was always thought of as something intellectual, the raising of an unconscious process to the preconscious level. If we were to be satisfied in an analysis with bringing about an 'abreaction' (even though it were a piece-meal abreaction), we should not in effect be doing much more for the patient than the emotional outbursts and attacks of the disorder itself—which, as we know, are as a rule followed by an

improvement, but which afford no protection against the recurrence of the symptom—or than suggestion or hypnotism, which also produce their usual calming effects by purely emotional means. It seemed as though Rank, too, held this opinion at the time of writing the *Entwicklungsziele*; now, however, he says that 'the essential agent is not intellectual insight into the historical origin . . . but emotional displacement (transference) of the instinctual impulses which are inhibited in the current conflict on to the infantile conflict, and its representation in the analytical situation' (p. 12). Elsewhere he even goes so far as to declare that 'the historical factor is of purely scientific importance . . . ; it is of no help [to the patient] to know why and how it came about, any more than it will cure my cold to discover where I caught the infection'. Such sentences as this are the common-places of non-psycho-analytic medicine, and if its truth could be established it would mean the bankruptcy of all our efforts. But in fact the present volume completely fails to undermine the importance of historical analysis, so that we are justified in regarding the view which it maintains as a relapse into the pre-analytic way of thinking without any scientific basis. Even the place where one has caught a cold may have analytic significance, and anyone who deliberately excludes the raising of such questions may perhaps be forfeiting his only chance of penetrating into the meaning of the symptom. Rank simplifies his task too much by insisting that the only place where a symptom (a cold, for instance) can be acquired is the womb and that the only time at which it can be acquired is the moment of birth. Even those who allow that Rank's theory of the neuroses is partly correct (and how far this is the case must be discussed on another occasion) may well think it illogical to disregard the whole period of time between birth and the current analytical situation. Such a procedure reminds one of the 'wild' analysts who neglect the historical superstructure of the patient's personality and start off straightway upon a chase for infantile traumas. Freud once remarked to me that this was as senseless as the idea of fetching a lamp out of a burning house because it was the cause of the fire.

To illustrate the lack of judgement to which Rank succumbs in his interpretations we may quote at this point a fragment of a dream (p. 66): 'I was being analysed, and was lying on the sofa. The analyst was very familiar to me, but I cannot say who he was. I had to tell him a dream of a journey that I was to undertake, to visit some common friends. When I had begun, I was interrupted by an old woman who was sitting on a stool and wanted to interpret the dream in a popular manner (in an old wives' way). I told the analyst that I could tell the dream better if she did not interrupt me. Then he told her to be silent, got up, took hold of the hammock in which I now seemed to be lying with both his hands, and shook me hard. Then he said: "When you were born, you were quite red (in the face). Then you

were laid on a sofa, and your father sat down beside you." I was surprised in the dream at his explanation, and thought: "This is very far-fetched" . . .', etc. Rank interprets this as a comparison of the analytical experience with the patient's own birth; the task of the analyst is that of the obstetrician: he shakes the patient till she comes into the world red in the face. Is it not much likelier that this dream fragment is to be interpreted in connection with the analytical situation, as meaning that 'the meagre interpretations of the mother-situation in the analysis', which had already been given to the patient, had been enough to arouse all her ridicule and scorn against those interpretations? She calls the analyst an old woman, who interprets in an old wives' way, will not allow the patient to have her say, keeps on interrupting her and shakes her till she admits the mother-interpretation (of having been born from the analyst). If so, it would seem that Rank was fooled by his patient into taking her ironically exaggerated agreement seriously, and into actually using it as a support for his birth-theory.

Proceeding from this technical innovation, Rank then goes on to throw over his earlier views upon a number of the fundamental facts of psychoanalysis, and he ends by being uncertain 'whether there is such a thing at all as a displacement or transference of libido' (p. 206). Indeed, according to him we may regard 'the contents of the unconscious as a picture projected into the historical past of what takes place in the analytical situation between the physician and the patient'. (With the single exception, of course, of the unconscious reproduction of birth, which in Rank's view has historical significance and not merely significance derived from the analytical situation.) The way in which Rank's latest technique deals with dream-interpretation is in harmony with this standpoint. It is true that Freud has told us that the analysis of dreams ought not to be carried on during a treatment as an end in itself and that scientific curiosity must be subordinated to the purposes of the treatment. But the unjustifiable exaggeration of Rank's view results in an almost complete neglect of the associative material. 'As a rule it is altogether unnecessary to give a translation of the separate elements of the dream, but, especially in typical situations, perspicuous symbols or familiar complexes enable us to anticipate the interpretation, so that we may concern ourselves with the meaning of the dream in relation to the analysis as a whole' (p. 58). And again, 'there is no need whatever always to ask the patient for his associations in order to discover which part of the dream thoughts is the most important or the most intensely repressed' (p. 59). It is hard to say whether Stekel's loose interpretation of symbols is not preferable to such rigid dogmatism as this. At all events, this 'reform' of interpretation is equivalent to renouncing all the valuable knowledge Freud has given us in his theory of dreams.

It is unluckily impossible to follow Rank not only in the main outlines of his theory but also in many of his details. As regards the question of imposing a time-limit in every treatment, I was originally of his opinion, but increased experience has led me to put a drastic limit upon my agreement with him¹; nor do I find after reading this book that Rank has succeeded in justifying his 'gradually acquired conviction that the indications are in favour of setting a time-limit'. The idea that from the very first the analyst should have the breaking-off of the treatment in view, 'before the patient can get into a position for fully realizing his neurotic fixation' contradicts all our experiences hitherto, and our conception of the nature of the transference-neuroses. It is surely necessary for some sort of transference to be established and also to be consciously realized before we set about destroying it.—The latest addition to the birth-trauma theory is perplexing in the highest degree. It looks upon weaning and learning to walk as completions of the shock of birth. Why, however, should we stop there and refuse to recognize the significance of the last (and in Freud's view and our own the most important) event of separation, that which follows the break-up of the Œdipus complex?—Rank is on particularly dangerous ground when he bases his arguments upon therapeutic success. 'I recollect quite recently', he says, 'having seen a case who remained uncured after a lengthy analysis with a prominent analyst and who carried about with him an unresolved current conflict' (p. 11). I could balance the case with another, whom Rank himself had treated by means of the birth technique and with reference to the current situation, and who remained uncured and carried about with him unresolved almost the whole story of his attachment to his father. But it would be better for both sides to forego the use of this argument and to follow our former usage of not relying upon curative success as an instrument of proof. After all it is possible to 'cure' people by every kind of technique: by father interpretations, by mother interpretations, by historical explanations, by emphasizing the analytical situation, and even by our old friends suggestion and hypnosis. But there is no kind of treatment which could give us a magical security against therapeutic failure, even if we knew all the conditions which lead to the production of every neurosis and psychosis—which no sensible analyst would dream of asserting to be the case.

I should like once more to return to the fact that according to Rank's view at the deepest instinctual level the biological attachment to the mother regularly dominates the analytical situation (p. 4), whereas what Freud assigns to the analyst is in essentials the part of the father. This view of

¹ 'Kontraindikationen der aktiven psychoanalytischen Technik,' *Zeitschrift*, Bd. XII., 1926.

Rank's, which had often been put forward previously by other writers (e.g. Groddeck and Jung), would be of some value if it were content with warning us against underestimating the importance of the mother-transference on to the analyst. But it becomes worthless when it is carried to such violent extremes that the explanation of symptoms with reference to fear of the father, or rather of castration (an explanation which is so obvious and often the only one possible), is disdained or actually declared to be dangerous on the ground that patients are thus 'driven ever deeper into their infantile fear of the father, from which in the end there is no therapeutic escape'. I have honestly endeavoured in analysing severe cases of neurosis to shift the stress on to the attachment to the mother, in order to test Rank's theory of the neuroses, and I owe to these experiments many valuable glimpses of certain strata in the structure of the neuroses. I further found a certain amount of readiness on the part of the patients to go into such interpretations without much resistance. But it was this very absence of resistance which made me suspicious, until at last I became convinced that explanations based upon birth-anxiety are willingly accepted precisely on account of their *lack* of current significance and are in fact taken over by the patient as a means of protection against the much more terrible castration-anxiety. It is possible that Rank's contrary experience may be attributable to the fact that (so far as I know) he has been more concerned with instructional analyses of healthy persons than with analyses of severe cases of neurosis. For a 'healthy' person it is after all a matter of indifference along what path he travels in order to gain a little analytical experience; with a neurotic one must patiently follow the path prescribed (both for him and for us) by his individual fortunes, and that path leads almost invariably to a recognition of the major significance of the castration trauma or penis envy, as the case may be. Even Rank admits that, after the attachment to the mother has been dealt with, the analyst's rôle as father comes into the foreground during the second phase of the treatment. But he endeavours to weaken this fact by denying analytic importance, as it were, to this phase, and by regarding it as a sort of pedagogic supplement to the analysis. In spite of such tendentious exaggerations, Rank has performed a real service in drawing attention to the occurrence of birth-anxiety dreams and birth-anxiety phantasies. But he has not in the least succeeded in showing that they differ in their essence from other sorts of unconscious phantasies. According to my experience they are in fact no more than phantasies, which themselves stand in need of interpretation, and are not (what I at first endeavoured to consider them) reproductions of real events and experiences at the time of the subject's own birth.

Besides reporting upon cases of his own, Rank endeavours to support the correctness of his technique by submitting to a fresh analysis a dream

which had already been analysed by someone else (Professor Freud) who did not share Rank's point of view. He does this in order to show, as it were, how much insight can be thrown away by a neglect of the analytical situation. 'This example,' he declares, 'seems in some sense fit to serve as a touchstone for my fundamental theory of the importance of the analytical situation in its infantile prototype in the mother-situation.' The dream chosen is one familiar to us all, the dream of the wolves in Freud's 'History of an Infantile Neurosis.'² In this dream the patient was lying in his bed; in front of the window there was a row of old walnut trees. Suddenly the window opened of its own accord, and the dreamer was terrified to see that some wolves were sitting on the walnut tree; there were six or seven of them. Freud interpreted this dream historically, as a distorted reproduction of the 'primal scene,' of the child witnessing its parents in sexual intercourse and of the emotion of terror attaching to the event. Rank, on the contrary, interprets the bed as the sofa upon which the patient was treated by Freud, the walnut trees as the walnut trees³ which can be seen through the window of his consulting-room, and the wolves as 'a number of photographs of his [Freud's] closest followers.' ('So far as I can remember there were between five and seven of these photographs—a different number at different times—that is, precisely the numbers between which the patient oscillated in connection with the wolves.') The patient, according to Rank, saw these photographs in front of him during the treatment and turned them into wolves in the dream.

I will not enter here into the details of the two interpretations of the dream; readers who are interested can turn to the original papers. I will only mention a few points which will throw into relief the recklessness and even frivolity of Rank's method of interpretation. It must first of all be made clear that the patient produced this dream as a memory from his fourth year, and in fact as a memory of a dream which had often recurred in the course of his life, which always made a strong impression on him, and of which he had had an almost life-long dread. How can an impressive dream like this, dating from infancy, have contained a reproduction of the surroundings of a consulting-room which the patient entered for the first time some twenty years later? If we put aside occult or prophetic explanations, Rank's interpretation can only imply that Freud was fooled by his patient into believing that the dream was really dreamed in childhood: it was in fact a contemporary dream or it had been arranged to fit in with the analytical situation—and all of this without the slightest proof of the untrustworthiness of the patient, whose rigid and typically obsessional conscientiousness is repeatedly exemplified in the course of his analysis.

² Freud, *Collected Papers*, Vol. III.

³ In actual fact they are chestnut trees.

The data, however, which Professor Freud has now put at my disposal completely demolish Rank's hypothesis. It can be definitely established that at the time when the memory of the dream was produced, in 1911, there were in all only two or three pictures hanging on the piece of wall in question; so that the identity of the number of wolves and of pictures, which is the only corroboration of Rank's interpretation, is a pure invention. Enquiries were subsequently made of the patient (who was, of course, not informed of Rank's assertions), with the following result: 'I have no reason,' writes Dr. P. (the patient), 'to doubt the correctness of the memory. On the contrary, the shortness and clarity of the dream always seemed to me what was characteristic about it. And, so far as I know, my memory of this dream from my childhood has never undergone any alteration. Afterwards I used to be afraid of having similar dreams, and before going to sleep I used, as a counter-measure, to bring up before my eyes the things I was afraid of, and amongst them this dream. The wolf-dream always seemed to me to occupy a central place among the dreams of my childhood. . . . I described the wolf-dream at the beginning of my treatment, and to the best of my recollection a month or two after it had started (that is, in 1911). It was not cleared up until the end of the treatment.' The patient appends to his letter some associative material which actually strengthens the interpretation of the dream as being related to a love-scene. Dealing with this example of Rank's analytic method, it is indeed hard to maintain the standard of serenity desirable in the world of science. The mildest we can say about it is that in this example Rank has evinced a degree of superficiality—indeed, of recklessness—that can only be the result of a complete infatuation. This super-interpretation of the wolf-dream has not only not stood the test as the 'touchstone' of his theory, but has shattered our confidence in the author's judgement in regard to psycho-analytic theory and technique.

It is certainly no exaggeration, therefore, when we say we must regard Rank's technical experiment as a failure. We must at the same time recollect his great services in applying psycho-analysis to the mental sciences, for it is in that sphere that his true gifts appear to lie.

S. Ferenczi.

★

Mind and its Disorders. By W. H. B. Stoddart, M.D., F.R.C.P. (H. K. Lewis & Co., London, 5th Edition, 1926. Pp. 593. Price 21s.)

This well-known work is passing the stage of being a standard textbook and is rapidly becoming one of the classics of British psychiatry. Since the last edition (reviewed in this JOURNAL, Vol. III, p. 84) many changes have been introduced. These mostly concern general psychiatry, but fairly adequate notice is also taken of the advances made in psycho-analysis.

There are a few detailed suggestions we should like to put forward for

the author's consideration. In the excellently full chapter on manic-depressive insanity there could have been more extensive consideration of cyclothymia. Dr. Stoddart's consulting practice in borderland cases would enable him to give many useful hints on the differential diagnosis of this condition, one which is too often confounded with psychoneurosis proper. The psycho-analytical pathology, though correct, is much too condensed, and we doubt if the reader would gather with satisfactory clearness the importance of the fact that a melancholiac's complaints about himself really relate to another person. The name of Abraham might well be mentioned by the side of Freud in this connection (p. 301).

In paranoia more emphasis could have been laid on the extensive part played by the projection mechanism. Incidentally the Schreber analysis is dated as being twenty years old instead of fifteen (p. 312). We think the author would have been justified in being more encouraging about the prospects of psycho-analytic treatment with both paranoia and dementia præcox. In discussing the psychopathology of dementia præcox no mention is made of the auto-erotic fixation that probably underlies the introversion and the detachment from object-relationships (p. 331).

We note that the word 'censure' is wrongly given as the translation of the German 'Zensur,' instead of 'censorship' (p. 180). Too much space is still given to the older methods of treatment of hysteria, and undue stress is laid on the difficulty due to the expense by psycho-analytic treatment (p. 245); incidentally the existence of the London Clinic of Psycho-Analysis has placed this latter point in quite a new light in this country.

Dr. Stoddart says that the name of a certain condition has been changed to 'the obsessional neurosis,' to which the name 'psychasthenia' was formerly applied (p. 252). It would be more correct to say that, for the reasons given by the author, the latter term 'psychasthenia' is being given up in favour of the older one, namely, 'obsessional neurosis.' Dr. Stoddart says that, though most of the phobias belong to anxiety hysteria, 'it is convenient to consider them in greater detail in the ensuing chapter' (on the obsessional neurosis (p. 239)). We cannot imagine why phobias not belonging to the obsessional neurosis should be discussed under that heading; such a plan must surely be very confusing to the student. In treating of the pathology of this neurosis (p. 259) mention is made of the conflict between love and hate and of the fact that anal erotism plays an important part, but no account is given of the anal-sadistic stage of libidinal development and the pathognomonic fixation in this neurosis at that level.

Though we have thought it worth while to mention these few details, we can heartily commend the book as a whole as being a most trustworthy textbook of psychiatry. It is a volume of which the author may well be proud.

E. J.

Der nervöse Mensch. Eine Schriftenreihe. By Hans von Hattingberg (Anthropos-Verlag. 1924. Prien, Obb.)

Hattingberg, the editor of this series, presents us with a bouquet of twelve dark-gold brochures, intended to elucidate nervousness 'in a form intelligible to any educated person who has had no previous special knowledge of the subject.' He deals himself with the themes: 'Is nervousness a disease?', 'The mental background of nervousness,' and 'Disposition and environment.' Professor Schultz discusses with greater clarity the more objective questions, 'Nervousness and hereditary taint' and 'Suggestion and hypnosis.' Marcinowski writes in a refreshingly positive fashion on the 'Problems and practice of sexual enlightenment,' and, in the other three brochures on 'The feelings of guilt,' 'The sense of inferiority,' and the difficult subject of 'Emotional distraction (derangement).' Meyer's contributions on 'The nervous heart' and 'Nervous disease of stomach and bowels' are particularly primitive in their surface-psychology. Finally Mohr discusses suggestively the connection between 'Nervousness and organic diseases.'

Despite all the earnest endeavours of these writers, who for the most part water down psycho-analytical doctrine with Adler's ideas, the aim of this series seems scarcely attainable: for healthy people have seldom much interest in psychological discussions of this sort, while those who are ill are often only made thoroughly hypochondriacal by the reading of medical books.

Hitschmann, Vienna.

★

The Subconscious Self, its Relation to Education and Health. By Louis Waldstein, M.D. (Charles Scribner's Sons, New York and London, 1925. Pp. 117. Price \$2.00.)

Louis Waldstein published *The Subconscious Self* in 1897, the present volume being merely a reprint, but apparently he knew nothing of Freud, whose first contribution had appeared in 1893. In thought and suggestion the book is very rich, the author trying to investigate the relationship between conscious and subconscious, and from these investigations to trace the appearance of different neuroses. In these investigations he begins with the conception of the dualism which is present in us all, and includes under the term 'subconscious' much of that which to-day we call 'unconscious.' He leads us with fine intuition through the entire material which is now the object of psycho-analysis, but he remains far from the present conception of it.

The most prominent point in his work is the tracing back of every neurotic conflict, of dreams, artistic work, insanity, to the impressions of early childhood that are stored up in the subconscious, and from the same angle he also tries to approach and understand our human endeavours.

He goes further in suggesting that the impressions of early childhood not only start from the moment of birth, but that there are even earlier impressions before birth (intra-uterine), which may be present in the subconscious. He does not consider heredity as important as his contemporaries did, but rather believes so-called heredity is an expression of the subconscious in a form of mimicry and so attempts to make a connection between the organic and subconscious tendencies in the production of disease.

He touches upon an interesting subject for psycho-analytical examination, the smell sensation, and the impression of that sense in connection with animal and human intelligence. Ferenczi, 'Genitaltheorie,' p. 95 : ' . . . Wir meinen nun, dass zwischen der Tätigkeit des Geruchsorgans und dem Denken eine so weitgehende Analogie besteht, dass das Riechen formlich als biologisches Vorbild des Denkens betrachtet werden kann. . . . ' (We believe that between the activity of the organs of smell and those of thinking there is a far-reaching analogy, that smell can be considered as the biological prototype of thinking.)

Special stress has been laid by him on the source of dreams and the investigation of their content. He draws the attention of doctors and parents to the value of examining dreams and to attempt to understand dreams and hysteria ' by converting the subconscious introduced in the dream into a conscious object of thought and production.' He makes the statement also that every dream leads us back to the experiences of earliest childhood. His is far from a correct understanding of the dream, for he considers it a disturber of sleep, but the fact that he recognizes in the dream some manifestation of a subconscious conflict shows how closely this investigator approximated psycho-analytic tenets.

What he says about insanity is enlightening in that he implies that a study of the subconscious of the insane may give hints for cure of psychoses. That is exactly what psycho-analysis is trying to do.

This book, in view of the period in which it was written, is a valuable study for those who are interested in psycho-analysis.

Alexander S. Lorand.

★

Die Schicksalsstunde der Psychotherapie. By Professor J. H. Schultz. Abhandlung auf dem Gebiete der Psychotherapie und medizinischer Psychologie. (Herausgegeben von A. Moll, 1925. Stuttgart, Ferd. Enke.)

Professor Schultz, who has made the whole of psychotherapy the field of his practical and literary labours, calls upon psychotherapists of every denomination to unite in common work and organization in order to claim for their faculty a due respect and form. The author essays a general review of the various psychotherapeutic methods ; in this review the following judicious verdict finds expression : ' the so-called individual psychology of Adler can now be scarcely distinguished any longer from

the "method" of Dubois.' In all the methods there is to be noted an approach to the pedagogic problem; the aim of every psychotherapeutic task is 'the personality of the patient, its development, and, in connection with this, the endeavour to remove obstacles and bring enlightenment and relief.' In most cases psycho-analysis also heals not so much by the recollection and working-through of forgotten material as by the 'psycho-analytical experience,' by the special effect of the analyst's personality, by transference in all its results and forms: mental treatment is, in essence, comparable to a religious conversion, healing to enlightenment. Schultz accordingly gives illustrative quotations bearing on the subject of religious conversions (James, Girgensohn and others).

Cases of 'abreaction without content' seem to him of special evidential value. In these cases the patient who has been cured has brought forward during a long course of sittings no tangible, psychical material, but from sitting to sitting has experienced a progressively intensive change of state resulting in healing, without producing anything in the way of 'illustration,' so to speak.

Although the author thus depreciates the specific effect of psycho-analytic work—in so far, that is, as it supplies knowledge and makes use of it—he certainly shows in this book a much warmer appreciation than formerly of the psychological facts and interpretations which psycho-analysis has established. He has taken the trouble of collecting the cases of his last hundred patients who have undergone a thorough psychotherapeutic treatment, and has given a complete statistical account of the presence of analytical mechanisms. The Oedipus and castration complex, fixation on brothers and sisters, death-wish dreams, etc., etc., now get their proper due, and even anal eroticism, which at one time (1919) still seemed to Schultz a 'terminological outrage' and a halting-place in an 'abstruse wandering' through the territory of the sexual. Schultz now calls psycho-analysis 'a psychotherapeutic method of the first rank in which the results and responsibilities are all the more profound, since the experiences produced by it so powerfully affect ultimate issues. It is possible that we may be in sight of a combination of purely suggestive methods of healing through increasing unification; but psycho-analysis will never alter its own proper and specific mode of cure; it will continue its fundamentally empirical work, and, bringing to light fresh psychological facts, will by means of this progressive knowledge increase the potency of its healing art, and will convince even sceptics like Professor Schultz that suggestion plays but a small part in it, and that the 'psycho-analytical experience' is only a means to an end. It might, however, be quite practicable to form an organization composed of all medical men engaged in special practice as psychotheraputists and psycho-analysts.

Hitschmann, Vienna.

Psychotherapy. By E. W. Taylor, M.D. (Harvard University Press and Humphrey Milford, Oxford University Press. Pp. 45. 4s. 6d. net.)

The James Jackson Putnam Professor of Neurology at Harvard has contributed a fine and discriminating essay on psychotherapy to the series of Harvard Health Talks. The little work fulfils completely its object, as set out on the title page; it deals with the mental elements in the treatment of disease. Dr. Taylor divides his subject into five periods: (1) the age of magic; (2) the age of Mesmer; (3) the early scientific method, Braid; (4) the clinical period, Charcot and Janet; (5) analytical school of Freud and Jung. He rightly claims that whilst many have benefited at all periods from this form of medical treatment, it is only recently that we have begun to study and establish the general principles of mental reaction. This is, in the opinion of the authors, the concrete addition which the Freudian school has made towards practical knowledge, and this alone constitutes rational psychotherapy.

M. D. Eder.

✱

Die Psychoide als Prinzip der organischen Entwicklung. By Professor E. Bleuler. (Springer, Berlin, 1925.)

In logical development of the ideas advanced in *Naturgeschichte der Seele und ihres Bewusstwerdens*, the author here attempts to prove that living matter is 'ensouled,' i.e. that 'something that can be called a soul' creates life and form and function. This soul of the organic—which the author calls 'the psychoid'—is, however, not imported into matter from without, since it is not conceivable apart from matter. It is rather a 'functional complex, a mnemonic activity, which in a very simple form exists even in the inanimate world. In its more complex development, it appears first as the psychoid, an entity comparable to the human soul, active and purposive, and finally as the psyche, a specialized function of the cerebral cortex.' It is wrong to seek to explain lower forms of life by the functions of the human psyche; in reality the explanation of the psyche is to be found in the functions of 'living matter.' The author intends 'the psychoid' to be taken as 'a purely scientific conception,' in opposition to the philosophical 'psychoid' of Driesch, whose theory of an entelechy as a purposive, developmental principle he rejects. 'The biological functions' of reflex-action and development of species do not depend upon a primary teleological or regulative function; they are to be explained as the results of a recollection, i.e. they are simply in a causal sequence, not final.

Bleuler is, however, not completely successful in his attempt to contrast the philosophical conception of living matter with the scientific. He is much more clear and convincing when he refutes the mechanistic theory, and the doctrine that accident and selection is the sole principle of development. All development is predetermined by the mnemonic experiences which

led to adaptation: 'the length of a member in any animal species is the result of a permanent change in external circumstances; e.g. when as the result of a change of habitat from land to water a member becomes a hindrance, its growth, in the course of generations, is progressively checked, until its size reaches an optimum' (development of species). 'Experiences and the resulting adaptation account for the purposive tendency that characterizes living matter.' The aim 'of all the vital functions is the preservation of life, and that is the only constant factor which biology has to take into account.'

Still it is just at this point that a gap opens up which our author is not able to fill. How can experience alone explain the struggle for the preservation of life or even for adaptation? When the giraffe—to take an example from Bleuler himself—lengthens its neck in order to reach the fruit that hangs high above it, or when a species modifies the size of a member, it does so no doubt as a result of past experience. But what is it that makes experience active? Here Driesch can fall back on his irreducible vitalistic principle of the *entelechy* as a purposive function, and Bergson on his 'creative force.' But Bleuler, too, allows the vitalistic pre-conception to slip in unavowedly when he writes: 'In biology we are always concerned with a definite kind of activity, which is directed towards the conservation of the race. . . . This activity (*Ergie*) is a presupposition in all the discussions that follow; and we have a right to presuppose it, because we find it everywhere.' He overlooks the fact that he is equating experience, as the medium of adaptation, with the motive for adaptation, i.e. for making use of experience at all. This is also shown by a sentence on p. 151, in which he rejects not only the mechanistic theory, but vitalism also 'as being still by no means cogent, or even probable.' In its place there appears 'a purposive struggle . . . which arises *of itself*¹ from the *mneme* of living matter.' (In order to preserve the continuity—psyche, psychoid, inanimate matter—struggle and recollection are ascribed also to the last member of the series.) Even if experience were sufficient by itself, and included the motive for adaptation as well—what is it that causes the gathering of experience and the accumulation of engrams? Our author has thus been unable to evade the vitalistic thesis necessarily inherent in the mechanistic doctrine of development. 'Urge' (*Ergie*) and 'psychoid' are really just synonyms for 'entelechy,' 'creative force,' and 'life-instinct' (Freud)—terms which are at present inexplicable.

A step in advance, however, is made by the successful proof of causal, 'psychoid' links in the process of development. This is certainly an acquisition that should also prove of some importance to psycho-analysis.

¹ Reviewer's italics.

The account of the relations between the psychoid and the psyche is specially significant. This verifies the psycho-analytical theory of the unconscious, a realm whose boundaries merge imperceptibly into those of organic and living matter. Freud and psycho-analysis are certainly never mentioned; but many psycho-analytical theories are embodied in the author's doctrine. 'The likeness between such (psychoid) reactions and the psychical consists in the fact that an organism distinguishes between helpful and harmful' (pleasure-pain principle). 'In the realm of instinct the boundaries of the psyche and the psychoid coincide. The psyche is definitely determined by the psychoid; the former, on its side again, influences the psychoid-corporeal functions, though only in their unconscious activities' (e.g. the formation of warts or pimples as the result of suggestion). 'The unconscious' (clearly the Freudian conception is meant), 'considered in its scientific aspect, is simply a cortical function which is not linked associatively to the particular complex that represents the living person at any given moment.' Thus an attempt is also made to distinguish between a cortical psyche and a sub-psyche connected with the cerebro-spinal cord. Hence Bleuler's 'psyche' embraces the conscious, the preconscious and a small part of Freud's unconscious proper; the psychoid includes the remaining parts of the unconscious, the archaic ('phylopsyche') and, in addition, all the functional complexes of organic and living matter ('primal psyche').

We cannot give here a detailed account of the profound and well-supported arguments regarding the psychoid's mode of action, and the structural and functional plan (life-formula) of the living organism; they are clear refutations of every mechanistic theory of development. Analysts who are interested in biology should certainly read this book.

Reich (Vienna).

✱

Die rauchende Frau. Eine klinische, psychologische und soziale Studie.
By Dr. R. Hofstätter. (Verlag Holder-Pichler-Tempsky A. G., Vienna.)

This work gathers together in a very comprehensive way the results of general research into the causes and consequences of the misuse of nicotine among women. It has an expressly psychological orientation, and is, on that account, of some, though limited, interest to the analyst. The author is very careful not to attribute simply to nicotine all the phenomena that make their appearance after smoking; but sees that psychical forces frequently play the larger part in these. In discussing the motives that drive women to smoking he emphasizes chiefly those that are unconscious, such as dread of sexuality, the rejection of the feminine rôle and the wish to play the man's part, and, on the other hand, the symbolic demonstration of sexual freedom, then the longing for recognition and consideration, and, finally, the pleasure of setting something on fire. Apart from the actual,

direct harmfulness of nicotine, he regards as the gravest aspect of smoking the easy attainment of this means of enjoyment, and in connection with that, as in the case of onanism, the danger of weakened will-power and of self-deception.

As analysts we are not quite able to agree with him in these conclusions, because, in this, as in the question of onanism, we are too strongly convinced of the endless futility of a fight at the circumference. For the rest we must welcome the fact that a book intended for wide publicity distinctly stresses the importance of unconscious instinctual forces, even although in many particulars (e.g. when it states that psycho-analysis is only a means of reaching a psycho-synthesis, etc.) it seems, from the analytical point of view, open to great objections.

Horney (Berlin).

★

The Human Body and its Functions. By Marie C. Stopes. (London : The Gill Publishing Co., Ltd. Pp. 224. 6s. 6d. net.)

The elements of human anatomy and physiology are presented clearly and accurately. The little book is distinguished from most others intended for young adolescents by its description of the process of reproduction, including the anatomy and physiology of the sexual organs.

M. D. Eder.

★

The Conservation of the Family. By Paul Popenoe. (Baillière, Tindall and Cox, London. Pp. 266. Price 13s. 6d.)

This book deals in Part I. with what, according to the author, the family ought to be, in Part II. with obstacles to its normal functioning, and in Part III. with what society can do to make it function better. The social and individual advantages of monogamy and the evils of its alternatives are paraded with a sustained enthusiasm only marred by one curious slip of the pen—'the "New Morality" (Free Love) will continue, as it always has, to leave in its wake nothing but human happiness (sic!) and inefficiency' (p. 13). Mr. Popenoe, having decided that the family must be monogamous, proceeds to consider it in great detail. The partners must be of suitable age, and free from congenital complaints; the social sanctions must be adequate, the children numerous, especially if their quality is good, and the influence of the parents upon each other and upon their children must make for concord and utility. As injurious to his ideal he disapproves alike of celibacy and of incontinence, of easy divorce and prostitution, of the rich who propagate too little and of the poor who propagate too much.

Analysts study individuals and the conditions that unfit some of them for normal life; Mr. Popenoe is not interested in individuals—his care is for the State. Analysts have observed, for example, that prolonged continence before marriage is sometimes among the factors which hinder

healthy mental growth. Mr. Popenoe is not sympathetic ; no pity for the abnormal is to obstruct the great Ideal ; freedom of action and even of thought is to be restricted in the interests of the group. But this position is tenable only if it can be proved that the interests of the group include the rigorous observance of strict monogamy. The predominance of the monogamous family and the disappearance of the prostitute may be desirable, but it is not obvious that either is necessarily prevented by premarital incontinence. As long as men are jealous, not only of the present and the future, but also of the past, they will demand of their brides a chastity which they themselves have rarely practised, and women who have failed to keep this standard may be precluded from marriage and turn to prostitution. Thus, those features in society which Mr. Popenoe deplors are due as much to male jealousy as to male incontinence. It would perhaps be more favourable to men's psychological development if, of the two, they controlled their jealousy.

The whole question of marriage, what it ought to be, and how it can be made to approximate to this ideal, is of great social consequence. But it is difficult, and there are perhaps grave evils peculiar to each solution. This book gives one solution. It contains some valuable suggestions, but it is an apologia. It presents one side only, and that without mention of the finer psychological complexities involved. Yet the author is perhaps not altogether blind to the elements of compromise which are inevitable in any matrimonial system. He is convinced that 'there is no substitute for the monogamous family—with all its faults' (p. 44).

R. Money-Kyrle.

★

Sex and the Young. By Marie Stopes. (London : The Gill Training Publishing Co., Ltd. Pp. 190. 6s. 6d. net.)

Dr. Stopes' opinions are based on the theory of the existence of good intentions in the sexual life of man ; her lack of knowledge is compensated by a high-pitched 'uplift' style. It is pretty obvious that her views are important to the writer, but it is doubtful whether the advice would be of much help to the parents and teachers to whom the book is dedicated. The jackets of these books are lurid but not attractive.

M. D. Eder.

★

Mind and its Place in Nature. By Durant Drake, Professor of Philosophy at Vassar College. (The Macmillan Company, New York, 1925. Pp. xv. + 259. Price 8s. 6d.)

A bold and attractive essay in realism. Being written, however, entirely from the philosophical point of view, it does not call for detailed consideration in this JOURNAL.

J. C. F.

Come Funziona la Nostra Intelligenza. By Eugenio Rignano. (Nicola Zanichelli, Bologna, 1922. Pp. 46.)

This little book represents a communication made to the Congress of Philosophy at Paris in December, 1921, and contains a clear and attractive though perhaps over-simplified account of the essential nature of the process of reasoning—a matter which the author has treated at greater length in his 'Psychology of Reasoning.' Professor Rignano's views are in certain respects not unlike those of Freud, though apparently developed quite independently of psycho-analytical doctrines. Thus the present book starts with considerations concerning conflict between psychic tendencies—considerations which bear a certain resemblance to Freud's formulations concerning the Pleasure Principle and the Reality Principle—while some of the views in the larger book are similar to those advanced by Freud concerning 'death instincts.' In psycho-analytical terminology we may say that Rignano regards the reasoning processes as being intimately connected with the origin of the Reality Principle as a check upon the unrestricted play of the Pleasure Principle. He goes on to deal in an illuminating way with the advantages and disadvantages of reasoning as compared with perceptual experience. He does not, however, consider the relations between Reasoning and Imagination, and thus fails to come into touch with the important rôle of hallucinatory and imaginal satisfaction in the service of the Pleasure Principle.

★

J. C. F.

Psychological Studies. By Theodor Lipps. Second, Revised and Enlarged Edition. Translated by Herbert C. Sanborn. (Baillière, Tindall and Cox, London, 1926. Pp. 333. Price 27s.)

This book represents the second volume of the series of 'Psychology Classics' being edited by Professor Knight Dunlap, the first of which consisted of William James' and Carl Lange's famous contributions to the study of the emotions. The present work consists of three long essays devoted respectively to 'The Space of Visual Perception', 'The Nature of Musical Consonance and Dissonance', and 'The Law of Psychic Relativity and Weber's Law'. The publication of the original German edition, of the second German edition and of the present translation constitute three events which have been separated from each other by periods of roughly twenty years, and thus serve to remind us vividly of the advances made by psychological knowledge and the changes in the direction of psychological interest that have taken place in both of these intervals. Although the subjects here dealt with are no longer in the forefront of discussion, Lipps' thoughtful and ingenious treatment is far from having a merely historical interest and may be read with pleasure and advantage by all who have to deal, however remotely, with the themes in question.

J. C. F.

Intelligence and Immigration. By Clifford Kirkpatrick, Ph.D. (Bailière, Tindall and Cox, London, 1926. Pp. 127. Price 18s.)

A careful examination of the data already collected with regard to the relative intelligence of the members of the different nations and races immigrating to the United States, together with a detailed report of a fresh experimental study conducted by the author upon school children of different races by means of two sets of intelligence tests. As a result of these tests it appeared that Americans and Finns obtained distinctly better scores than did Italians, while French Canadians tended on the whole to occupy an intermediate position. These differences, though still present, were less marked in tests of a non-verbal than of a verbal description (Army Beta and Illinois respectively), showing that part of the differences found in the latter case were due to the influence of language handicap. The author concludes with some general comments and suggestions with regard to 'immigration policy.' The book is distinguished both by precision of experimental technique and by caution and moderation in drawing conclusions on a subject which would easily lend itself to prejudice and bias. It undoubtedly constitutes a useful contribution to an important subject.

J. C. F.

★

Psychology and the Church. By E. J. Bicknell, L. F. Brown, G. H. Dix, L. F. Grensted, J. A. Hadfield, C. E. Hudson, W. R. Matthews, H. M. Relton, C. F. Rogers and O. Hardman (Editor). With an introduction by the Lord Bishop of Southwark. (Macmillan & Co., 1925. Pp. 296. Price 12s. 6d.)

The general tenor of these essays appears to voice the fear that modern psychology is trespassing on the preserves of the Church. L. F. Grensted, in a general survey, reviews the development of psychology as a science and criticizes Freud's theories. In common with most of his following essayists he fails to realize the significance of unconscious mental processes and rather naturally favours McDougall's recognition of 'purpose' as the central factor in behaviour.

Dr. Relton thinks that if mysticism is really religious hysteria it should weaken rather than strengthen character and would not create men like St. Paul. We think that certain theologians might agree that his choice of St. Paul is not a particularly happy example. It is perhaps the hysteria of Paul that is responsible for modern Christianity. It is conceivable that the original doctrine of Jesus undistorted by Paul might have produced a broader-minded Christianity.

The next three papers are chiefly concerned with a superficial application of psychology to public worship, religious education, preaching, evangelism, etc. The true attitude of psychology to religion is neglected.

Dr. O. Hardman thinks that psycho-analytical claims may be partly

allowed. He talks of an 'ideal self' but disregards its genesis and is apparently ignorant of the psycho-analytical conception of the super-ego.

In their observations on Spiritual Healing, Hadfield and Brown accept the verdict of the Lambeth Conference, which concludes that no disease can be cured by spiritual healing which cannot be cured by psycho-therapy. It is surprising to find that the only two essayists who are medical men as well as practising psycho-therapists think that spiritual healing includes all known forms of psycho-therapy in its technique. On p. 249 we read the statement that the analytic technique finds its religious counterpart in confession. They appear to believe that spiritual healing is a peculiar method of healing diseased conditions of 'body, mind and spirit' by means of a supernatural agency. Although incongruous, it is a relief to find that they attach little importance to the doctrine of Christian Science. Their comparisons are somewhat non-committal, and it would be interesting to know if they mean to imply that religious ideals compensate for lack of psychological knowledge.

Dr. E. J. Bicknell, in his treatise on Sectarianism, criticizes McDougall and Freud, especially the latter, in their conception of the Church as an artificial group. He naturally prefers to think of it as a supernatural group. His remarks lead us to assume that he has failed to grasp the meaning of the Œdipus situation and the mechanism of the unconscious.

Robert M. Riggall.

★

How Natives Think. By Professor Lucien Lévy-Bruhl. Authorized Translation by Lilian A. Clare. (George Allen and Unwin, Ltd., London, 1926. Pp. 392. Price 12s. 6d. net.)

This is a translation of *Les Fonctions Mentales dans les Sociétés Inférieures*, a book which made a considerable stir on its publication in 1910. By some mischance the translation has been delayed, although one has already appeared of the later work *La Mentalité Primitive*. A review of the latter book appeared in this JOURNAL some time ago (Vol. V, p. 244), and the reader is referred to that review for a general comment on Professor Lévy-Bruhl's work. One may say that the point of view on which it is based is essentially psychological, and that it represents a considerable advance on the psychological anthropology of the earlier British school (Tylor, Frazer, etc.). It would thus be regarded unsympathetically by many of the present-day British school (Elliott-Smith, Perry, etc.).

Although the work takes no account of the contributions made by psycho-analysis in the same field, its general tendency is one that will commend itself to psycho-analysts. Both the views it enunciates and the material it interestingly brings together are of such value that no analyst concerned with the problems of primitive mentality can afford to ignore it.

E. J.

Dreams and Education. By J. C. Hill, M.Sc. (London : Methuen & Co., Ltd. Pp. 107. 4s. net.)

The title is somewhat misleading ; the author has given more and less than he promises. It is a vividly yet carefully written essay on psycho-analysis, more especially on the interpretation of dreams and the sexual elements in childhood. The interest of Mr. Hill's work is that it is a personal experience ; he brings together for brief interpretation a number of dreams—his own and those of others. The application of psycho-analysis to education runs throughout, but without any detailed examination of this difficult question. Mr. Hill rightly insists that the first application must be to the teacher himself, who should learn to understand himself. ' If Freud's discoveries do not change *him*, they will not improve his teaching.' A great deal of work has to be done before any definite principles can be laid down for the use of psycho-analysis in education—whether in earliest infancy or in the school child : at present psycho-analysts themselves are groping their way. In the outcome lies the hope for preventive medicine in the fields of mental ill-health.

Psycho-analysis does, of course, not claim to lay down the principles of education either in form or content ; it claims only that the psycho-analytic approach is one worthy of serious study and real understanding on the part of the educationist. Mr. Hill is one of those educationists who has understood this and psycho-analysts will be grateful to him for his accurate presentation of the scientific thesis involved. There are brief chapters on Instinct and Art, Poetry and the Unconscious ; they are slight, but not superficial. Mr. Hill states that he has little experience of abnormal human beings ; perhaps this happy circumstance accounts for the relative unimportance in his essay given to intrapsychical conflicts and the development of the ego impulses. The book can be safely commended to those to whom it is especially addressed—parents and teachers.

M D. Eder.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY THE

GENERAL SECRETARY, DR. M. EITINGON

ANNOUNCEMENT BY THE CENTRAL EXECUTIVE

On May 6, 1926, Professor Freud celebrated his seventieth birthday. It was most gratifying to see him full of vigour and health. The extraordinarily numerous messages of greeting and tributes of respect which poured in from all sides testified most eloquently to the wide response with which his work has now met.

Early on the morning of May 6 my colleagues, Federn, Ferenczi, Jones, Sachs, Storfer, and I conveyed to our beloved and revered master the good wishes of the International Psycho-Analytical Association. We also made a presentation of the sum collected by the Association for the Jubilee, amounting to over 30,000 gold marks.¹

Professor Freud replied to us in profoundly moving and unforgettable terms, and asked us to convey his thanks and greetings to all our fellow members.

M. Eitingon.

AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

Annual Report, 1926

The Sixteenth Annual Meeting of the American Psycho-Analytic Association, which took place in New York on June 10, was especially noteworthy in that for the first time in the history of the organization a joint session was held with the American Psychiatric Association, the largest and most influential society in this field in America. The meeting thus afforded the Psycho-Analytic Association an opportunity for placing before a very large group of physicians the psycho-analytical point of view. The programme was as follows :

The Need of an Analytic Psychiatry : Dr. Trigant Burrow, Baltimore.

A Case Report of an Anxiety-Hysteria Treated by Psycho-Analysis :
Dr. Adolph Stern, New York.

(The above on joint session with the American Psychiatric Association.)

Speaking of Resistances : Dr. I. H. Coriat, Boston.

¹ Professor Freud has devoted this sum to certain of the objects of our movement, as I have already announced in a circular letter to the different branches.

A Psycho-Analytic Introduction to a Study of the Conduct Disorders of Lethargic Encephalitis: Dr. L. Pierce Clark, New York.

Notes on the Theory of the Symbol: Dr. H. C. Sullivan, Baltimore.

The attendance both at the joint session and at the special session was the largest of any meeting of the Society held in America.

The following were elected to membership at the business session: Dr. P. H. Lehrman, New York City; Dr. Lucile Dooley, Washington, D.C.; Dr. Marion Kenworthy, New York; Dr. Philip S. Graven, Washington, D.C.

The officers for the ensuing year are:

President: Dr. Adolph Stern, New York City.

Secretary and Treasurer: Dr. C. P. Oberndorf, New York City.

Members of Council: Dr. A. A. Brill, New York City; Dr. Ralph Reed, Cincinnati, Ohio; Dr. Fred J. Farnell, Providence, R.I.

The Educational Committee, consisting of Dr. S. E. Jelliffe, Dr. E. J. Kempf and Dr. C. P. Oberndorf, presented a report enumerating the educational requirements considered necessary for an analyst practising therapeutic analysis, and advocating the establishment of courses for those interested in the extra-medical application of psycho-analysis.

In order to admit a more extensive discussion of this report, it was moved that an entire session be devoted to this purpose at the mid-winter meeting of the Association to be held in New York City next December.

C. P. Oberndorf,

Secretary

BRITISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1926

April 21 and May 5, 1926. Dr. Edward Glover gave a review of Freud's recent work on *Inhibition, Symptom Formation and Morbid Anxiety*, and followed this by examples and some critical observations.

June 2, 1926. Miss N. Searl: A case of stammering in a child. An account of three consecutive treatments which clearly disclosed the factors involved in the stammering of a boy aged five and a half years old, and ended in the play representation of a traumatic memory. Castration fears were expressed as fears of gaps and unfilled spaces. Historically these had been followed by the eating of a whole box of chocolates; he was punished by his father and threatened with sickness by his nurse. Although the prophecy was not fulfilled, he later had operations for glands and adenoids; and in the stammer he retained his words as previously the chocolates in order to avoid castration.

Dr. Estelle Maude Cole read a few notes in connection with hæmor-

rhoids—their development during psycho-analysis and their significance in the dream of a young unmarried woman patient. Symbolism of the 'pile' showed it to be the fulfilment of a wish for masculinity, both at the genital and anal-erotic narcissistic level, pronounced hostile reactions being displayed against father and brother for lack of the necessary compensation.

June 16, 1926. Dr. Ernest Jones gave an account of a case in which the mantle symbolized the penis.

Dr. Douglas Bryan mentioned a legend in which the symbolism of castration by blinding and pain in the teeth was unequivocally expressed.

Third Quarter, 1926

There have been no meetings of the Society during this quarter.

Obituary.—Dr. James Glover.

Change of Address.—Dr. Edward Glover, 18, Wimpole Street, London, W. 1.

Mrs. Riviere, 3, Stanhope Terrace, Lancaster Gate, London, W. 2.

Douglas Bryan,
Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1926

April 10, 1926. The meeting began with the announcement of the death of our late member, Dr. Adolphe Meyer. The President, Dr. van Emden, spoke in appreciation of the great services which Dr. Meyer rendered to psycho-analysis, both by acting for seven years as Secretary of the Society and by his scientific contributions and critical writings.

a. Dr. A. Stärcke: Dancing, beating, kissing, etc. The part played in certain activities by the destructive impulse.
(This paper has been published in *Imago*, 1926.)

b. Dr. J. H. W. van Ophuijsen made several clinical communications and, further, attempted to interpret psycho-analytically some dreams published by Professor van Rijnberk in the *Nederlandsch Tijdschrift voor Geneeskunde*. The author believes that these dreams are based on the symbolic elaboration of the rhythmic beating of the heart. Dr. van Ophuijsen also discussed the psycho-analytical film entitled 'The Secrets of a Soul.'

May 8, 1926. The meeting was devoted to the celebration of Professor Freud's seventieth birthday.

Professor Dr. G. Jelgersma paid a tribute to the services rendered by Freud to science. He drew a parallel between the work of Freud and that

of Darwin. Darwin revealed to us the genetic meaning of biology : Freud has created the genetic science of mental life. He must take rank as the greatest living psychologist.

Dr. J. H. van der Hoop gave a report of the Psychotherapeutic Congress in Baden-Baden.

Dr. S. J. R. de Monchy : A case of psychasthenia. An account of a patient suffering from obsessional neurosis who was completely cured in three months.

Dr. van Emden recalled the recent great loss sustained by the Society in the death of Dr. A. van der Chijs. He paid a tribute to the services rendered to science by Dr. van der Chijs and to his distinguished personal qualities. He was one of the first practising psycho-analysts in Holland, and the first meeting of the Dutch branch was held in his house. Since then he had been unceasingly active as a member of the Committee.

GERMAN PSYCHO-ANALYTICAL SOCIETY

(late Berlin Psycho-Analytical Society)

Second Quarter, 1926

April 13, 1926. Continuation of the discussion on 'Psycho-Analysis and Publicity.'

Business Meeting.—Dr. med. Walter Cohn (Berlin, W. 30, Stübbenstrasse 3) was elected an associate member.

April 24, 1926. a. Frau Dr. Horney : Report of the General Psychotherapeutic Congress at Baden-Baden.

b. Dr. Fenichel : On identification.

c. *Extraordinary General Meeting.*—On the motion of the Council it was unanimously decided to change the name of the Society to *The German Psycho-Analytical Society*.

May 6, 1926. Public meeting to celebrate the occasion of Professor Freud's seventieth birthday. (For a full report see the notes on *The Psycho-Analytic Movement*.)

May 11, 1926. Frau Dr. Lowtzky : Importance of the vicissitudes of the libido for the development of religious ideas. (The 'Third Testament,' by Anna Schmidt.)

May 29, 1926. a. Continuation of Frau Dr. Lowtzky's paper.

b. *Business Meeting.*—Dr. phil. Siegfried Bernfeld (Berlin W. 50, Tauentzienstrasse 18A), formerly a member of the Vienna Society, was elected a member of the German Society.

June 8, 1926. Short communications :

a. Dr. Fenichel : On isolation.

b. Dr. Bernfeld : Pathology of the formation of the super-ego.

c. Dr. Harnick : The problem of 'forced' phantasies.

June 15, 1926.

- a.* Dr. Friedrich A. Loofs (guest of the Society) : The evil eye.
- b.* *Business Meeting.*—Frau Dr. phil. F. Lowtzky (Berlin-Wilmersdorf, Nassauischestrasse 2) was elected an associate member.

June 26, 1926.

- a.* Dr. Simmel : Psychogenesis of typhlitis.
- b.* *Business Meeting.*—Dr. med. Friedrich A. Loofs (Berlin-Wilmersdorf, Aschaffenburgstrasse 23) was elected an associate member.

June 29, 1926. Continuation of the discussion on Dr. Simmel's paper.

* * *

During the second quarter of 1926 the Society organized at the Institute (Berlin, W. 35, Potsdamerstrasse 29) the following courses of lectures for practitioners and students of psycho-analysis :

1. Dr. Hanns Sachs : Manifestations of the unconscious in modern civilization. Three lectures. Attendance, forty-five.
2. Dr. Karl Müller-Braunschweig : The philosophy of psycho-analysis. Four lectures. Attendance, nineteen.
3. Dr. Franz Alexander : Introduction to the theory and technique of dream interpretation. Five lectures. Attendance, thirty-four.
4. Dr. Ernst Simmel : The therapeutic potentialities of psycho-analysis (with special reference to its applicability). Three lectures. Attendance, thirty-one.
5. Frau Dr. Karen Horney : Frigidity and other disturbances in the sexual life of women. (These lectures were intended specially for gynæcologists and medical women.) Three lectures. Attendance, thirty-five.
6. Dr. Sándor Radó : Freud's theory of anxiety and symptom-formation. (For advanced students only.) Five lectures. Attendance, twenty-five.
7. Dr. Felix Boehm : Seminars on selected chapters from the writings of Freud. (Case histories.) Eight lectures. Attendance, twelve.
8. Dr. Otto Fenichel : Seminar on Karl Abraham's clinical papers on psycho-analysis. Six lectures. Attendance, eleven.
9. Dr. Siegfried Bernfeld : Practical educational problems discussed in the light of psycho-analysis. (For advanced students. Admission by personal application.)
10. Dr. Sándor Radó : Discussion on technical aspects of psycho-analysis. (For practising analysts only, and, in particular, for those training at the Institute. Admission by personal application.) Attendance, fourteen.

11. Dr. Eitingon, Dr. Simmel and Dr. Radó : Practical introductory exercises in psycho-analytic therapy. (For students only.) Attendance, twelve.

Dr. Sándor Radó,

Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1926

April 10, 1926. Dr. B. Totis (guest of the Society) : The mental life of women and the diseases to which they are liable.

April 24, 1926. Dr. M. J. Eisler : A neurosis with delusional self-accusations.

May 15, 1926. Dr. S. Hollós : A chapter from the manuscript of the book entitled *Abschied vom gelben Haus*.

May 29, 1926. Dr. F. Deutsch (Vienna) : The bearing of psycho-analysis on *angina pectoris*.

June 12, 1926. E. M. Franklin (guest of the Society) : The connection between epilepsy and the conditioned reflexes, regarded from the psycho-analytical point of view.

* * *

On June 5 the Society held a public Jubilee Meeting in honour of Professor Freud. Dr. Ferenczi read a paper on the achievements of psycho-analysis in the sphere of medical science, and Dr. Róheim indicated the importance of its achievements for the mental sciences.

Business Announcement.—Dr. S. Loránt has withdrawn from the local Society.

During the coming winter the Hungarian Psycho-Analytical Society will organize systematic courses of lectures as an introduction to psycho-analysis. The following is the syllabus for November and December :

Dr. I. Hermann : Psycho-Analytical Psychology.

Dr. M. Bálint : The Psycho-Analytical Theory of Instinct.

Dr. G. Róheim : Ethnology. (Course of twelve lectures.)

In January and February these will be followed by a course of clinical lectures by Dr. M. J. Eisler, Dr. S. Hollós and Dr. S. Pfeifer. The subjects of these lectures will be announced later.

Dr. Imre Hermann,

Secretary.

NEW YORK PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1926

April 27, 1926. Dr. L. Pierce Clark : A psycho-analytic study of the nature of the idiot.

In this paper a therapeutic procedure was described that consisted

mainly in a bestowal of libido, then influencing the subject to meet the problems of the environment more adequately. The theoretical part of the paper described idiocy as an ego-neurosis.

Dr. Hallock was reinstated to membership.

Drs. Eidson, Hensie and Lorand were elected to associate membership.

Resolutions on the death of Dr. Polon were read and adopted.

The Society officially endorsed the request for a charter for the proposed New York Psycho-Analytic Clinic.

May, 1926. Dr. J. B. Solley : A case of affect epilepsy.

Dr. Solley described the partial analysis of a case of seizures in a woman patient. The patient reported many traumatic experiences, the nature and quality of which made it suspicious that he was dealing with a pathological liar.

Dr. A. Stern : Clinical communication : A symptomatic act.

During the course of an analysis a patient accidentally broke his pipe. This symptomatic act, induced by an occurrence of the day, had a definite bearing upon the material then being handled in the analysis, viz. revenge upon and liberation from the father. No self-castration associations were elicited in this connection, though the patient did give evidence of its existence from other material.

Dr. M. A. Meyer : Clinical communication : Looking-tic in a small boy.

The case was reported because of certain unusually transparent features in the neurosis.

Monroe A. Meyer,

Corresponding Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1926

April 14, 1926. Dr. Hoffer : The latency period in males.

April 28, 1926. Short communications and reports.

a. Dr. Nunberg : A six-year-old girl's dream.

b. Fr. Schaxel : Vicissitudes of the libido in a little boy.

c. Doz. Dr. Friedjung : Report of the first General Medical Congress for Psychotherapy, held at Baden-Baden. The chief interest of the members was focussed on psycho-analysis. The subject was for the first time discussed without animosity—a fact which may be reckoned amongst our successes. A message of loyal congratulation and respect was sent to Professor Freud.

Some discussion took place on a book entitled *Christlichdenken ! Ein Hilfsbüchlein zur geschlechtlichen Erziehung* (*The Christian point of view. A guide to education in matters of sex*). By P. Edelbert Kurz, O.F.M., Munich, 1925. In this little book, which bears the *imprimatur*

of the Catholic Church, the problem of sexual enlightenment is treated in accordance with modern thought, obviously influenced by the psycho-analytical view.

d. Dr. Hoffer : Two communications concerning sexuality in children.

e. Dr. Reik : Three notes on the underlying meaning of the 'oblivion' periods in epileptics.

f. Dr. Nunberg : Projected jealousy and conscious rivalry.

g. Dr. Federn : A difference in the day-dreams of normal persons and neurotics.

May 12, 1926. Dr. Deutsch : Psycho-analysis of a case of bronchial asthma.

May 26, 1926. Dr. Wälder : The structural standpoint in psycho-analysis.

June 9, 1926. Dr. Reik : Notes on the subject of silence.

June 23, 1926. Short communications and reports :

a. Dr. Hitschmann : Dreams in frigid women.

Membership.—Dr. Renatus Spiez was elected an associate member. Address : Wien IX. Währingerstrasse 2. Dr. Otto Rank has settled permanently in Paris.

Dr. R. H. Jokl,

Secretary.

LIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

I

AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

List of Members

1. Ames, Dr. T. H., 55 Park Ave., New York City.
2. Asch, Dr. J. J., 111 East 80th St., New York City.
3. Blumgart, Dr. Leonard, 57 W. 58th St., New York City.
4. Brill, Dr. A. A., 15 W. 70th St., New York City.
5. Burrow, Dr. Trigant, The Tuscany, Baltimore, Md.
6. Chapman, Dr. Ross Mc., Sheppard and Enoch Pratt Hospital, Towson, Md.
7. Clark, Dr. L. P., 2 E. 65th St., New York City.
8. Coriat, Dr. I. H., 416 Marlborough St., Boston, Mass.
9. Dooley, Dr. Lucile, Washington, D. C.
10. Emerson, Dr. L. R., 64 Sparks St., Cambridge, Mass.
11. Farnell, Dr. F. J., 219 Waterman St., Providence, R. I.
12. Frink, Dr. H. W., 17 E. 38th St., New York City.
13. Glueck, Dr. Bernard, 9 W. 48th St., New York City.
14. Graven, Dr. Philip S., Washington, D. C.
15. Hamill, Dr. Ralph, 30 N. Michigan Blvd., Chicago, Ill.
16. Hutchings, Dr. R. H., Utica State Hospital, Utica, N. Y.
17. Jelliffe, Dr. S. E., 64 W. 56th St., New York City.
18. Johnson, Dr. Lorin, 1900 24th St., N. W., Washington, D. C.
19. Kardiner, Dr. A., 1150 Fifth Ave., New York City.
20. Kenworthy, Dr. Marion, 9 W. 48 St., New York City.
21. Kempf, Dr. E. J., 100 W. 59th St., New York City.
22. Lehrman, Dr. P. H., 120 Riverside Drive, New York City.
23. McPherson, Dr. Donald J., Peter Bent Brigham Hospital, Boston, Mass.
24. Meyer, Dr. Adolf, Phipps Clinic, Baltimore, Md.
25. Meyer, Dr. M. A., 17 E. 38th St., New York City.
26. Menninger, Dr. Carl A., Mulvane Bldg., 503-508, Topeka, Kan.
27. Oberndorf, Dr. C. P., 116 W. 59th St., New York City (*Secretary*).
28. Peck, Dr. Martin, W., 638 Beacon St., Boston, Mass.
29. Pope, Dr. Curran, 115 W. Chestnut St., Louisville, Ky.
30. Reed, Dr. Ralph, 180 E. McMillan St., Cincinnati, Ohio
31. Singer, Dr. H. D., State Psychopathic Hospital, Dunning, Ill.
32. Smeltz, Dr. Geo. W., Westinghouse Bldg., Pittsburgh, Pa.
33. Stern, Dr. Adolph, 40 W. 84th St., New York City (*President*).

34. Stragnell, Dr. Gregory, 120 E. 40th St., New York City.
35. Stuart, Dr. D. D. V., The Wyoming, Washington, D. C.
36. Sullivan, Dr. H. S., Sheppard and Enoch Pratt Hospital, Towson, Md.
37. Taneyhill, Dr. G. Lane, 405 N. Charles St., Baltimore, Md.
38. Thompson, Dr. J. C., 1 S. Gray St., Baltimore, Md.
39. Walker, Dr. W. K., Westinghouse Bldg., Pittsburgh, Pa.
40. Wells, Dr. Lyman, 74 Fenwood Rd., Waverley, Mass.
41. White, Dr. Wm. A., St. Elizabeth's Hospital, Washington, D. C.
42. Wholey, Dr. C. C., 4616 Bayard St., Pittsburgh, Pa.
43. Young, Dr. G. A., 424 Brandeis Bldg., Omaha, Neb.

Honorary Members

- Ferenczi, Dr. S., Budapest.
 Freud, Prof. Dr. Sigmund, Vienna.
 Rank, Dr. Otto, Vienna.

II

BRITISH PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Dr. Douglas Bryan (*Secretary*), 35 Queen Anne Street, London, W. 1.
2. Mr. Cyril Burt, 30 Princess Road, Regent's Park, London, N.W. 1.
3. Dr. Estelle Maude Cole, 150 Harley Street, London, W. 1.
4. Dr. M. D. Eder, 16 Nottingham Place, London, W. 1.
5. Mr. J. C. Flügel, 11 Albert Road, Regent's Park, London, N.W. 1.
6. Dr. D. Forsyth, 9 Harley Street, London, W. 1.
7. Dr. E. Glover, 18 Wimpole Street, London, W. 1.
8. Mr. Eric Hiller, 35 Gray's Inn Road, London, W.C. 1.
9. Mrs. Susan Isaacs, 47 Hills Road, Cambridge.
10. Dr. Ernest Jones (*President*), 81 Harley Street, London, W. 1.
11. Miss Barbara Low, 13 Guilford Street, London, W.C. 1.
12. Dr. T. W. Mitchell, Hadlow, Kent.
13. Dr. Sylvia Payne, 57 Carlisle Road, Eastbourne.
14. Dr. John Rickman, 26 Devonshire Place, London, W. 1.
15. Dr. R. M. Riggall, 31 Wimpole Street, London, W. 1.
16. Mrs. Riviere, 3 Stanhope Terrace, Lancaster Gate, London, W. 2.
17. Dr. Vaughan Sawyer, 131 Harley Street, London, W. 1.
18. Miss E. Sharpe, 16 Gordon Street, London, W.C. 1.
19. Dr. W. H. B. Stoddart (*Treasurer*), Harcourt House, Cavendish Square,
 London, W. 1.
20. Mr. James Strachey, 41 Gordon Square, London, W.C. 1.
21. Mrs. James Strachey, 41 Gordon Square, London, W.C. 1.
22. A. G. Tansley, Grantchester, Cambridge.
23. Dr. H. Torrance Thomson, 13 Lansdowne Crescent, Edinburgh.
24. Dr. A. C. Wilson, 27 Nottingham Place, London, W. 1.
25. Dr. Maurice Wright, 86 Brook Street, London, W. 1.

Associate Members

1. Miss Cecil M. Baines, c/o Miss Urwick, 9 Eldon Road, Hampstead, London, N.W. 3.
2. Dr. Mary Barkas, 46 Connaught Street, London, W. 2.
3. Dr. W. H. Brend, 14 Bolingbroke Grove, Wandsworth Common, London, S.W.
4. Dr. Josephine Brown, Pan's Field, Headley, Hampshire.
5. Dr. Warburton Brown, 27 Nottingham Place, London, W. 1.
6. Miss Mary Chadwick, 48 Tavistock Square, London, W.C. 1.
7. Dr. M. Culpin, 1 Queen Anne Street, London, W. 1.
8. Dr. W. Eddison, Banstead Mental Hospital, Sutton, Surrey.
9. Rev. P. Gough, St. Mark's Vicarage, 5 Abbey Road, London, N.W. 8.
10. Miss I. A. Grant Duff, 41 Emperor's Gate, London, S.W. 7.
11. Dr. Bernard Hart, 81 Wimpole Street, London, W. 1.
12. Dr. S. Herbert, 2 St. Peter's Square, Manchester.
13. Dr. M. B. Herford, 19 Redlands Road, Reading.
14. Dr. W. Inman, 22 Clarendon Road, Southsea, Hants.
15. Mr. R. O. Kapp, 25 Randolph Crescent, London, W. 9.
16. Dr. Strafford Lewis, Claybury, Woodford Bridge, Essex.
17. Miss M. G. Lewis, 16 Gordon Street, London, W.C. 1.
18. Prof. Percy Nunn, London Day Training College, Southampton Row, London, W.C. 1.
19. Dr. G. W. Pailthorpe, 24 Nottingham Place, London, W. 1.
20. Mr. L. S. Penrose, 7 Caroline Place, Mecklenburgh Square, London, W.C. 1.
21. Miss J. B. Saxby, 21 Y Groes, Rhubina, Cardiff.
22. Miss N. Searl, 16 Gordon Street, London, W.C. 1.
23. Dr. Hamblin Smith, H.M. Prison, Birmingham.
24. Dr. C. R. A. Thacker, Sidney Sussex College, Cambridge.
25. Dr. Rees Thomas, Greyridges, Retford, Notts.
26. Mr. F. R. Winton, 7 Eton Avenue, London, N.W. 3.

Honorary Members

- Dr. S. Ferenczi, Budapest.
 Dr. Otto Rank, Vienna.

III

DUTCH PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Professor Dr. K. H. Bouman, Jan Luijkenstraat 24, Amsterdam.
(*Librarian*).
2. Dr. J. E. G. van Emden, Jan van Nassastraat 84, The Hague
(*President*).
3. Dr. A. Endtz, Anstalt Oud-Rosenburg, Loosduinen (*Secretary*).

4. Dr. M. Flohil, Anstalt Oud-Rosenburg, Loosduinen.
5. Dr. J. H. van der Hoop, Roemer Visscherstraat 19, Amsterdam.
6. Professor Dr. G. Jelgersma, Geversstraat 40, Oegstgeest.
7. Dr. M. D. J. van de Linde, Boomberglaan 4, Hilversum.
8. Dr. S. J. R. de Monchy, Schiedamsche singel 112, Rotterdam.
9. Dr. Fred Muller, Julianastraat 8, Haarlem.
10. Dr. F. P. Muller, Rijnsburgerweg 102, Leiden.
11. Dr. J. H. W. van Ophuijsen, Prinsevinkenspark 5, The Hague
(*Treasurer*).
12. Dr. A. W. van Renterghem, v. Breestraat 1, Amsterdam.
13. Dr. J. M. Rombouts, Oegstgeest.
14. Dr. Aug. Stärcke, den Dolder (bei Utrecht).
15. Dr. A. Y. Westerman Holstijn, de Lavressestraat 165, Amsterdam.
16. Dr. Simon Weyl, Trovenerplein 10b, Rotterdam.

IV

GERMAN PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Dr. Franz Alexander, Berlin W. 15, Kurfürstendamm 206/207.
2. Frau Dr. Therese Benedek, Leipzig, Emilienstrasse 2.
3. Dr. Siegfried Bernfeld, Berlin W. 50, Tauentzienstrasse 18a.
4. Dr. Felix Boehm (*Treasurer*), Berlin W. 50, Rankestrasse 20.
5. Dr. Max Eitingon, Berlin W. 10, Rauchstrasse 4.
6. Dr. Otto Fenichel, Berlin W. 62, Lutherstrasse 29.
7. Dr. Georg Groddeck, Baden-Baden, Werderstrasse 14.
8. Frau Dr. Clara Happel, Frankfurt a. M., Windmühlstrasse 14.
9. Dr. Jenő Hárník, Berlin W. 15, Luwigkirchplatz 12.
10. Frau Dr. Karen Horney, Berlin W. 15, Kaiserallee 202.
11. Frl. Dr. Salomea Kempner, Berlin W. 30, Barbarossastrasse 32.
12. Frau Melanie Klein, Berlin-Wilmersdorf, Jenaerstrasse 20.
13. Dr. Heinrich Koerber, Berlin W. 15, Meinekestrasse 7.
14. Dr. Hans Lampl, Berlin-Dahlem, Strasse 88b, Nr. 2.
15. Frau Dr. A. Lampl de Groot, Berlin-Dahlem, Strasse 88b, Nr. 2.
16. Dr. Karl Landauer, Frankfurt a. M., Kettenhofweg 17.
17. Dr. Hans Liebermann, Berlin-Wilmersdorf, Trautenaustasse 18.
18. Dr. Rudolf Löwenstein, Paris XVI., Pension Albony, 22 Quai de
Passy.
19. Dr. Heinrich Meng, Stuttgart, Charlottenhof.
20. Frau Dr. Josine Müller, Berlin W. 15, Zähringerstrasse 32/a.
21. Frau Ada Müller-Braunschweig, Berlin-Schmargendorf, Helgoland-
strasse 1.
22. Dr. Karl Müller-Braunschweig, Berlin-Schmargendorf, Helgoland-
strasse 1.

23. Dr. Sándor Radó (*Secretary*), Berlin W. 15, Meierottostrasse 4.
24. Dr. Hanns Sachs, Berlin-Charlottenburg, Mommsenstrasse 7.
25. Dr. Ernst Simmel (*President*), Berlin-Grunewald, Caspar-Theysstrasse 9.
26. Dr. Emil Simonson, Berlin-Halensee, Georg-Wilhelmstrasse 2.
27. Frä. Dr. Anna Smeliansky, Berlin W. 35, Potsdamerstrasse 29.
28. Frau Dr. Margarete Stegmann, Dresden-A., Sidonienstrasse 18.
29. Dr. Ulrich Vollrath, Stadtarzt, Fürstenwalde a. Spree.
30. Dr. Georg Wanke, Friedrichroda in Thüringen, Gartenstrasse 14.
31. Dr. W. Wittenberg, München, Elisabethstrasse 17.

Associate Members

32. Dr. Walter Cohn, Berlin W. 30, Stübbenstrasse 3.
33. Dr. Alfred Gross, Berlin-Halensee, Küstrinerstrasse 4.
34. Dr. Hans Erich Haas, Cologne.
35. Dr. Erwin Kohn, Berlin W. 75, Uhlandstrasse 175.
36. Dr. Friedrich A. Loofs, Berlin-Wilmersdorf, Aschaffenburgstrasse 23
37. Frau Dr. F. Lowtzky, Berlin-Wilmersdorf, Nassauischestrasse 2.
38. Frau Dr. Elisabeth Naef, Berlin W. 62, Lutherstrasse 6.
39. Cand. med. Walter Schmideberg, Berlin-Charlottenburg, Kuno Fischerstrasse 16.
40. Dr. Harald Schultz-Hencke, Berlin W. 30, Viktoria-Luise-Platz 12.

Honorary Members

- Dr. S. Ferenczi, Budapest.
Dr. Ernest Jones, London.

V

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Dr. Michael Josef Eisler, Budapest, V., Nador-utca 5.
2. Dr. Béla v. Felszeghy, Budapest, IV., Veres Pálné-utca 4.
3. Dr. Sándor Ferenczi, Budapest, VII., Nagydíófa-utca 3 (*President*).
4. Dr. Imre Hermann, Budapest, V., Maria Valéria-utca 10 (*Secretary*).
5. Dr. István Hollós, Budapest, V., Nagyköröna-utca 16.
6. Aurél Kolnai, Wien, VI., Webgasse 11.
7. Vilma Kovács, Budapest, I., Orvos-utca 10.
8. Dr. Lajos Lévy, Budapest, V., Szalay-utca 3.
9. Dr. Sándor Lóránt, Kosice (Tschechoslovakei), z. Zt. Budapest.
10. Dr. Zsigmond Pfeifer, Budapest, VII., Rákóczi-ut 18.
11. Dr. László Révész, Budapest, VIII., Fhg. Sándor-utca 17.
12. Dr. Géza Róheim, Budapest, VI., Hermina-ut 35/a.
13. Dr. Sándor Szabó, Zürich, Voltastrasse 24.
14. Dr. Géza Szilágyi, Budapest, VII., Damjanich-utca 28/a.

Associate Members

15. Frau Dr. Mária Kircz-Takács, Budapest, I., Krisztina-körút 5.

Honorary Member

Dr. Ernest Jones, London.

VI

INDIAN PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Dr. G. Bose, D.Sc., M.B. (*President*), 14 Parsibagan, Calcutta.
2. Dr. N. N. Sen Gupta, M.A., Ph.D., 40 B Baldeopara Road, Calcutta.
3. Mr. G. Bora, B.A., 7/2 Halliday St., Calcutta.
4. Mr. M. N. Banerji, M.Sc. (*Secretary*), 30 Tarak Chatterjee Lane, Calcutta.
5. Mr. H. Maiti, M.A., 10/1 Halsibagan Road, Calcutta.
6. Mr. Surit Ch. Mittra, M.A., 16 Bhabanath Sen St., Calcutta.
7. Mr. Gopeswar Pal, M.Sc., 7/1 Parsibagan, Calcutta (or Bolepur E. I. R.).
8. Capt. S. K. Roy, M.B., I.M.S., 2 Amherst St., Calcutta.
9. Capt. N. C. Mitter, M.B., I.M.S., 46 Raja Dinendra St., Calcutta.
10. Prof. Haridas Bhattacharyya, M.A., P.R.S., The Chummery, Ramna P.O. Dacca.
11. Prof. Rangin Chander Halder, M.A., B. N. College, Patna.
12. Dr. Sarasilal Sarkar, M.A., M.B., Civil Surgeon, Malda.
13. Capt. J. R. Dhar, I.M.S., 6 George Town, Allahabad.
14. Major Owen Berkeley-Hill, M.A., M.D., I.M.S., European Mental Hospital, Kanke P.O. Ranchi, B. N. R.
15. Lt.-Col. R. C. McWatters, M.D., I.M.S., Shajahanpur.
16. Dr. P. C. Das, M.B., European Mental Hospital, Kanke P.O. Ranchi, B. N. R.

VII

NEW YORK PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Ames, Dr. Thaddeus H., 55 Park Ave., New York City.
2. Asch, Dr. Joseph J., 780 Lexington Ave., New York City.
3. Blumgart, Dr. L., 152 West 57th St., New York City (*Vice-President*).
4. Brill, Dr. A. A., 15 West 70th St., New York City (*President*).
5. Clark, Dr. L. Pierce, 2 East 65th St., New York City.
6. Coriat, Dr. Isidore, 416 Marlborough St., Boston, Mass.
7. Farnell, Dr. F. J., 219 Waterman St., Providence, R. I.
8. Feigenbaum, Dr. Dorian, 18 Gramercy Park, New York City.
9. Frink, Dr. Horace W., 17 East 38th St., New York City.
10. Glueck, Dr. Bernard, 117 West 58th St., New York City.
11. Hallock, Dr., New York.
12. Jackson, Dr. Josephine, 1971 Morton Ave., Pasadena, California.

13. Jelliffe, Dr. Smith E., 64 West 56th St., New York City.
14. Jewett, Dr. Stephan P., 129 E. 30th St., New York City.
15. Kardiner, Dr. A., 1150 Fifth Ave., New York City.
16. Kenworthy, Dr. Marion E., 9 W. 48th St., New York City.
17. Lane, Dr. Arthur G., New Jersey State Hospitale, Greystone Park,
N. J.
18. Lehrman, Dr. Philip R., 120 Riverside Drive, New York City.
19. Levin, Dr. Hyman, 33 Allen St., Buffalo, N. Y.
20. Meyer, Dr. Monroe A., 17 E. 38th St., New York City (*Secretary*).
21. Oberndorf, Dr. C. P., 116 West 59th St., New York City.
22. Rothschild, Dr. Leonard, 116 West 59th St., New York City.
23. Sands, Dr. Irving J., 202 New York Ave., Brooklyn, N. Y.
24. Silberberg, Dr. William V., 116 West 59th St., New York City.
25. Smith, Dr. Jos., 848 Park Place, Brooklyn.
26. Solley, Dr. John B., 213 East 61st St., New York City.
27. Spaulding, Dr. Edith B., 418 W. 20th St., New York City.
28. Stern, Dr. A., 40 West 84th St., New York City (*Member of Committee*).
29. Schoenfeld, Dr. Dudley D., 116 W. 59th St., New York City.
30. Wechsler, Dr. I. S., 1291 Madison Ave., New York City.
31. Williams, Dr. Frankwood E., 370 Seventh Ave., New York City.

Associate Members

32. Eidson, Dr., New York.
33. Hensie, Dr., New York.
34. Lorand, Dr., New York.
35. Mayer, Dr. Max D., 15 West 89th St., New York City.

VIII

RUSSIAN PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Frau Dr. R. A. Averbuch, Moscow, Sadowo-Kudrinskaja, 30.
2. Prof. J. D. Ermakow, Moscow, Dewitschje Polje, B. Bojeninowski, 19.
3. Dr. B. D. Friedmann, Moscow, Sadovo-Triumphalnaja, 8, W. 7.
4. Frau Dr. Lia Geschelin, Moscow, Kammerherschij, 4.
5. Prof. J. W. Kannabich, Moscow, Pokrovskoje-Streschnewo, Sanatorium.
6. Viktor L. Kopp, Gesandte der Sowjetunion, Tokio (Japan).
7. Al. R. Luria, Moscow, Tverskaja, Trechprudny per. 2/7, W. 5 (*Secretary*).
8. Dr. Wilhelm Rohr, Moscow, Tverskaja, 34, W. 20.
9. L. K. Schleger, Moscow, Wadkowski per. 5.
10. Prof. Otto J. Schmidt, Moscow, Granowski-Str., 3.
11. Vera Schmidt, Moscow, Granowski-Str., 3.

12. Prof. A. A. Sidorow, Moscow, Arbat, Afanasjewski per.
13. Frau Dr. Sabina Spielrein, Rostow on the Don, Puschkinskaja, 97.
14. G. P. Weisberg, Omsk, Siberia.
15. Dr. M. W. Wulff, Moscow, Kusnjetzki Most, 12 (*President*).

IX

SWISS PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Dr. med. Fernando Allende, Plattenstrasse 11, Zürich.
2. Dr. med. Hans Bönziger, 1, Assistenzarzt, Psychiatrische Klinik, Burghölzli-Zürich.
3. Dr. med. Hans Behn-Eschenburg, Nervenarzt, Küsnacht-Zürich.
4. Dr. med. Ludwig Binswanger, Sanatorium Belle-Vue, Kreuzlingen (Thurgau).
5. Dr. med. Fritz Blattner, Sekundärarzt, Kantonale Irrenanstalt Königsfelden (Aargau).
6. Dr. med. Elsa Blum-Sapas, Englische Anlage 8, Bern.
7. Dr. med. Ernst Blum, Nervenarzt, Englische Anlage 8, Bern.
8. Privatdozent Dr. med. Rudolf Brun, Nervenarzt, Theaterstrasse 14, Zürich.
9. Dr. med. Hans Christoffel, Nervenarzt, Albanvorstadt 42, Basel.
10. Dr. jur. Paul Dubi, Mittlere Strasse 127, Basel.
11. Dr. med. Hedwig Etter, Berlin.
12. Albert Furrer, Lehrer an der Kinderbeobachtungsstation Stephansburg-Burghölzli Wiesenweg, Küsnacht-Zürich.
13. Dr. med. Emma Fuerst, Nervenarzt, Apollostrasse 21, Zürich.
14. Dr. med. Max Geiser, Dufourstrasse 39, Basel.
15. Dr. phil. Ulrich Grueninger, Institut jur. Schmid, St. Gallen.
16. Walter Hofmann, Primarlehrer, Freie Strasse 208, Zürich.
17. Direktor Dr. med. Arthur Kielholz, Kantonale Irrenanstalt Königsfelden (Aargau).
18. Dr. med. Adolf Loepfe, Nervenarzt, Marktgasse 3, St. Gallen.
19. Cand. med. Emil Luethy, Kunstmaler, Utoquai 39, Zürich.
20. Dr. Hans Meier-Mueller, Nervenarzt, Füsslistrasse 4, Zürich.
21. Professor Dr. med. Mieczyslaw Minkowski, Oberassistent am Hirnanatomischen Institut, Physikstrasse 6, Zürich.
22. Privatdozent Dr. phil. Ferdinand Morel, 10, Avenue de Champel, Genève.
23. Dr. med. Sophie Morgenstern, 4, Rue Pierre Guérin, Paris XVI.
24. Dr. med. Max Mueller, III. Arzt, Kantonale Irrenanstalt Münsingen (Bern).
25. Dr. med. Emil Oberholzer, Nervenarzt, Utoquai 39, Zürich (*President*).

26. Dr. med. Mira Oberholzer-Gincburg, Nervenarzt, Utoquai 39, Zürich.
27. Dr. med. Charles Odier, Nervenarzt, 24 Boulevard des Philosophes, Genève.
28. Albert Peter, Primarlehrer, Eidmattstrasse 29, Zürich.
29. Hans Pfenninger, Pfarrer, Neftenbach (Zürich).
30. Dr. phil. Oskar Pfister, Pfarrer, Schienhutgasse 6, Zürich (*Vice-President*).
31. Professor Dr. phil. Jean Piaget, Psychologisches Laboratorium der Universität, Neuchatel.
32. Dr. med. Philipp Sarasin, Nervenarzt, Gartenstrasse 65, Basel.
33. Privatdozent Dr. med. Raymond de Saussure, 2 Tertasse, Genève.
34. Dr. med. Hans Jakob Schmid, Leysin (Waadt).
35. Professor Dr. phil. Ernst Schneider, Wisby-Prospekt 14, Riga.
36. Direktor Hermann Tobler, Landerziehungsheim Hof-Oberkirch, Kaltbrunn (St. Gallen).
37. Cand. med. Arnold Weber, Gutenbergstrasse 7, Bern.
38. Privatdozent Dr. med. Gustav Adolf Wehrli, Leonhardstrasse 1, Zürich.
39. Hans Zulliger, Oberlehrer, Ittigen b. Bern.

X

VIENNA PSYCHO-ANALYTICAL SOCIETY

List of Members

1. Aichhorn, August, Wien, V., Schönbrunnerstrasse 110.
2. Andreas-Salomé, Lou, Göttingen, Herzberger Landstrasse 101.
3. Deutsch, Doz. Dr. Felix, Wien, I., Wollzeile 33.
4. Deutsch, Dr. Helene, Wien, I., Wollzeile 33.
5. Federn, Dr. Paul, Wien, I., Riemergasse 1 (*Vice-President*).
6. Fokschaner, Dr. Walter, Wien, VI., Kasernengasse 2.
7. Freud, Anna, Wien, IX., Berggasse 19.
8. Freud, Prof. Dr. Sigm., Wien, IX., Berggasse 19 (*President*).
9. Friedjung, Doz. Dr. Josef, Wien, I., Ebendorferstr. 6.
10. Hartmann, Dr. Heinz, Wien, I., Rathausstrasse 15.
11. Hitschmann, Dr. Eduard, Wien, IX., Währingerstrasse 24.
12. Hoffer, Dr. Wilhelm, Wien, IX., Höfergasse 18.
13. Holz knecht, Prof. Dr. Guido, Wien, I., Liebiggasse 4.
14. Jekels, Dr. Ludwig, Wien, IX., Berggasse 29.
15. Jokl, Dr. Robert Hans, Wien, III., Sechskrügelgasse 2 (*Secretary*).
16. Kaplan, Dr. Michael, Wien, I., Elisabethstrasse 10.
17. Kraus, Flora, Wien, XVIII., Julienstrasse 44.
18. Laforgue, Dr. René, Paris, XVI., 1, rue Mignet.
19. Levi-Bianchini, Prof. M., Teramo (Italy).
20. Nepallek, Dr. Richard, Wien, VIII., Alserstrasse 41.

LIST OF MEMBERS

131

21. Newton, Caroline, Berwin P. O. Daylesford, Pa., U.S.A.
22. Nunberg, Dr. H., Wien, VIII., Florianigasse 20.
23. Pötzl, Prof. Dr. Otto, Prag, Psychiatrische Klinik.
24. Rank, Beate, Wien, I., Grünangergasse 3—5.
25. Rank, Dr. Otto, Paris.
26. Reich, Dr. Wilhelm, Wien, I., Neutorgasse 8.
27. Reik, Dr. Theodor, Wien, XVIII., Sternwartestrasse 35.
28. Rie, Dr. Oskar, Wien, III., Weyrgasse 7.
29. Sadger, Dr. I., Wien, IX., Liechtensteinstrasse 15.
30. Schilder, Prof. Dr. Paul, Wien, II., Taborstrasse 11.
31. Sokolnicka, Eugenie, Paris VII., 30, rue Chevert.
32. Steiner, Dr. Maxim., Wien, I., Rotenturmstrasse 19.
33. Storfer, A. I., Wien, IX., Porzellangasse 43.
34. Tamm, Dr. Alfild, Stockholm, Stureparken 2.
35. Wälder, Dr. Robert, Wien, I., Wipplingerstrasse 21.
36. Weiss, Dr. Edoardo, Trieste, S. Lazzaro 8.
37. Weiss, Dr. Karl, Wien, IV., Schwindgasse 12.
38. Winterstein, Dr. Alfred, Wien, XIII., Wattmanngasse 38.

Associate Members

39. Angel, Dr. Anny, Wien, VII., Döblergasse 2.
40. Bibring, Dr. Eduard, Wien, VII., Siebensterngasse 31.
41. Bibring, Dr. Grete, Wien, VII., Siebensterngasse 31.
42. Herz, Dr. Margit, Wien, XIII., "Am Steinhof."
43. Hoffmann, Dr. Isak, Wien, XVIII., Währingergürtel 7.
44. Isakower, Dr. Otto, Wien, IX., Lazarettgasse 14, Psychiatrische Klinik.
45. Kronengold, Dr. Eduard, Wien, I., Wollzeile 9.
46. Schaxel, Hedwig, Wien, IV., Margaretenstrasse 22.
47. Spiez, Dr. Renatus, Wien, IX., Währingerstrasse 2.
48. Sterba, Dr. Richard, Wien, VI., Schadekgasse 18.
49. Sterba-Alberti, Dr. Editha, Wien, VI., Schadekgasse 18.
50. Sugár, Dr. Nikolaus, Subotica, Jugo-Slavia, Badaliesewa 16.

JUST PUBLISHED

Psychological Studies

(VOL. II. OF THE "PSYCHOLOGY CLASSICS")

BY

THEODOR LIPPS

University of Munich

TRANSLATED BY

HERBERT C. SANBORN

Vanderbilt University

Size 6 × 9.

Pp. 328.

Price 27/-; postage 9d.

STUDIES IN

Psychology AND Psychiatry

A New Series of Monographs

EDITED BY

EDWARD A. PACE

Professor of Philosophy

IN COLLABORATION WITH

CORNELIUS JOSEPH CONNOLLY

JOHN ALBERT HALDI

THOMAS GEORGE FORAN

THOMAS VERNER MOORE

PAUL HANLY FURFY

JOHN WILLIAM RAUTH

FRANCIS AUGUSTINE WALSH

Published at Irregular Intervals

Paper.

6 × 9.

400 pages a volume.

Bibliography.

Index.

Price 22/6 a Volume

BAILLIÈRE, TINDALL & COX

7 & 8 Henrietta Street, Covent Garden, London, W.C. 2

THE BRITISH JOURNAL OF MEDICAL PSYCHOLOGY

Being the Medical Section of the
British Journal of Psychology

Edited by

T. W. MITCHELL

with the assistance of

JOHN RICKMAN

aided in the selection of papers by

H. G. BAYNES
ERNEST JONES

WILLIAM BROWN
GEORGE RIDDOCH

This Journal was established in 1920, and appears quarterly. It deals with every aspect of Psychology which has any bearing upon the pathology and treatment of disease, and with every aspect of disease which may contribute anything to our knowledge of Psychology. Its contents include Original Contributions, Critical Digests and Abstracts of work done at home and abroad, Critical Notices, signed Reviews and Surveys of current psycho-pathological literature.

Published by the Cambridge University Press, Fetter Lane,
London, E.C. 4.

Published quarterly. 30/- Yearly. \$7.00 net American.

Orders to be sent to

ENGLAND : The Cambridge University Press, Fetter Lane,
London, E.C.4.

AMERICA : University of Chicago Press, Chicago, U.S.A.

RECENT BOOKS

POPENOE, Paul.

The Conservation of the Family. $8\frac{1}{4} \times 5\frac{1}{4}$. Price 13/6. Postage 6d.

→ The defence of the family as an inherent biological necessity.

POPENOE, Paul.

Problems of Human Reproduction. $7\frac{1}{2} \times 5$. Price 11/6. Postage 6d.

→ Just Published.

PATTEN, C. J., M.D., Professor of Anatomy, Sheffield University.

The Memory Factor in Biology. $6\frac{1}{4} \times 4$. Price 5/-. Postage 6d.

→ An arresting little book postulating the theory that the dividing line between living and inorganic matter is Memory.

ESTABROOK, Arthur H., Carnegie Institution of Washington, and Ivan E. McDOUGLE, Goucher College.

Mongrel Virginians. $7\frac{1}{2} \times 5$. Price 13/6. Postage 6d.

→ An examination into the mental and physical deterioration of the Win tribe.

BAILLIÈRE, TINDALL & COX,

7 and 8 HENRIETTA STREET, COVENT GARDEN, LONDON, W.C. 2.

Le Journal L'ENCÉPHALE et son supplément : L'HYGIÈNE MENTALE

Le journal L'ENCÉPHALE fondé en 1906, est actuellement dirigé au point de vue scientifique, par A. ANTHEAUME, le Professeur HENRI CLAUDE et EDOUARD TOULOUSE (de Paris).

Son Comité de rédaction comprend les notabilités de la neuro-psychiatrie française ; il a pour rédacteur en chef le Professeur agrégé J. LHERMITTE assisté comme Secrétaires de R. MOURGUES et P. SCHIFF.

Le supplément de L'ENCÉPHALE L'HYGIÈNE MENTALE traite les questions particulièrement relatives à l'assistance psychiatrique, à l'anthropologie criminelle et à l'hygiène mentale dans ses rapports avec les névropathies et les psychopathies.

L'ENCÉPHALE est un journal orienté vers la neurologie, la psychiatrie, la biologie et la physiologie pathologique du système nerveux. Dans son orientation psychiatrique est compris le traitement et figurent les recherches relatives à la psychanalyse. Il a le premier en France publié des articles de REGIS et d'HESNARD pour faire connaître les travaux de FREUD. Le mouvement s'est accentué depuis en faveur de ces travaux sous l'influence de travaux directs du Professeur CLAUDE et de ses élèves, des travaux de DUPRÉ et TREPSAT sur le refoulement psychique et de récents travaux d'ANTHEAUME sur le traitement psychanalytique au point de vue médico-légal.

L'ENCÉPHALE et L'HYGIÈNE MENTALE paraissent chacun dix fois par an, constituant un ensemble de travaux considérables importants par leurs directives scientifiques.

Rédaction.—Adresser ce qui concerne la rédaction, soit à M. le Dr. ANTHEAUME, 6, rue Scheffer, Paris (XVI^e), téléphone Passy 44-11 ; soit à M. le Dr. CLAUDE, 89, boul. Malesherbes, Paris, téléphone Laborde 59-08 ; soit au Dr. LHERMITTE, 9, rue Marbeuf, Paris. Les deux journaux viennent d'être reorganisés et augmentés d'importance (Numero de juin).

Administration.—On s'abonne à la Librairie H. DELARUE, 5, rue des Grands-Augustins, Paris (VI^e), aux conditions suivantes :

L'Encéphale	(Paris et départements.....	75 fr.
et l'Hygiène Mentale) Étranger.....	100 fr.

Tous les abonnements partent du 1^{er} janvier.

Il n'est pas reçu d'abonnement séparé, soit pour L'Encéphale, soit pour L'Hygiène Mentale.

THE JOURNAL OF MENTAL SCIENCE

(Published by Authority of the Medico-Psychological
Association of Great Britain and Ireland)

EDITORS

J. R. LORD, C.B.E., M.B.

HENRY DEVINE, O.B.E., M.D.

G. DOUGLAS McRAE, M.D.

CONTENTS FOR OCTOBER 1926.

Obituary.

Il Senatore Camillo Golgi; by *H. C. M.*

Original Articles.

The Seventh Maudsley Lecture: The Prevention of Insanity—A Preliminary Survey of the Problem; by *George M. Robertson, M.D.*—The Physico-Psycho-Galvanic Reflex in the Neuroses and Psychoses; by *P. K. McCowan, M.D. Edin., M.R.C.P., D.P.M.*—The Madness of Ajax, as conceived by Sophocles, Clinically Considered; by *G. A. Auden, M.A., M.D. Cantab., D.Phil. Birm., F.R.C.P.*—Some Symptoms Referable to the Basal Ganglia occurring in Dementia Præcox and Epidemic Encephalitis; by *C. Farran-Ridge, M.B., Ch.M., D.P.M.*—The Educational Adaptation of the Individual Child; by *F. C. Shrubbsall, M.A., M.D., D.P.H., F.R.C.P.*—Some Forensic Aspects of Epilepsy; by *W. Norwood East, M.D. Lond., M.P.C.*—Psycho-analysis and its Developments. A Discussion opened by *W. A. Potts, M.A., M.D.*—Syphilis and Mental Disease; by *H. Ferguson Watson, M.D., D.P.H., F.R.S.E.*—Mendelism in Bacteriology; by *F. H. Stewart, M.A., D.Sc., M.D., D.P.M.*

Clinical Notes and Cases.

The Meinicke Micro-reaction for Syphilis in use in a Mental Hospital; by *R. M. Clark, M.B.*

Bye-Laws of the Royal Medico-Psychological Association.

Medico-Legal Notes.

Rex v. Joseph Edward Flavell.

also

Occasional Notes: Reviews: Epitome of Current
Literature: Notes and News

Published Quarterly

Price 7s. 6d. net; or 30s. p.a.

by

J. & A. CHURCHILL
7 GREAT MARLBOROUGH STREET, LONDON, W.1.

CONTENTS—*continued*

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

	PAGE
ANNOUNCEMENT BY THE CENTRAL EXECUTIVE.....	114
AMERICAN PSYCHO-ANALYTICAL ASSOCIATION.....	114
BRITISH PSYCHO-ANALYTICAL SOCIETY.....	115
DUTCH PSYCHO-ANALYTICAL SOCIETY.....	116
GERMAN PSYCHO-ANALYTICAL SOCIETY.....	117
HUNGARIAN PSYCHO-ANALYTICAL SOCIETY.....	119
NEW YORK PSYCHO-ANALYTICAL SOCIETY.....	119
VIENNA PSYCHO-ANALYTICAL SOCIETY.....	120
LIST OF MEMBERS	123

“ SCIENTIA ” INTERNATIONAL REVIEW OF SCIENTIFIC SYNTHESIS

Published every Month (each number consisting of 100 to 120 pages)
Editor: EUGENIO RIGNANO.

IS THE ONLY REVIEW the contributors to which are really international.

IS THE ONLY REVIEW that has a really world-wide circulation.

IS THE ONLY REVIEW of scientific synthesis and unification that deals with the fundamental questions of all sciences: the history of the sciences, mathematics, astronomy, geology, physics, chemistry, biology, psychology and sociology.

IS THE ONLY REVIEW that by means of enquiries among the most eminent scientists and authors of all countries (*On the philosophical principles of the various sciences; On the most fundamental astronomical and physical questions of current interest, and in particular on relativity; On the contribution that the different countries have made to the development of various branches of knowledge; On the more important biological questions, and in particular on vitalism; On the social question; On the great international questions raised by the World War*), studies all the main problems discussed in intellectual circles all over the world, and represents at the same time the first attempt at an international organization of philosophical and scientific progress.

IS THE ONLY REVIEW that among its contributors can boast of the most illustrious men of science in the whole world. A list of more than 350 of these is given in each number.

The articles are published in the language of their authors, and every number has a *supplement containing the French translation of all the articles that are not French*. The review is thus completely accessible to those who know only French. (*Write for a gratis specimen number to the General Secretary of “Scientia,” Milan, sending 1 sh. in stamps of your country, merely to cover postal expenses.*

SUBSCRIPTION: Sh. 40; \$ 10, post free. OFFICE: Via A. Bertani, 14, Milan (26).

General Secretary: Dr. PAOLO BONETTI.

CONTENTS

OBITUARY AND BIBLIOGRAPHY

	PAGE
JAMES GLOVER.....	I

ORIGINAL PAPERS

JAMES GLOVER. Notes on an Unusual Form of Perversion.....	10
MELANIE KLEIN. The Psychological Principles of Infant Analysis	25
N. J. SYMONS. Does Masochism necessarily imply the Existence of a Death-Instinct?.....	38
L. S. PENROSE. Some Psycho-Analytical Notes on Negation.....	47
M. P. TAYLOR. A Father Pleads for the Death of his Son.....	53
I. H. CORIAT. The Oral-Erotic Components of Stammering.....	56

SHORTER COMMUNICATIONS

THE MANTLE SYMBOL. By Ernest Jones. A CASE OF STAMMERING IN A CHILD. By M. N. Searl. ON THROW- ING DISHES FROM A WINDOW IN DREAMS. By N. J. Symons. NOTES ON PSYCHO-ANALYSIS OF WAR NEUROSES. By P. G. Dane. AN INTERESTING IN- VENTED 'PORTMANTEAU' WORD. By Barbara Low. PENIS-FÆCES-CHILD. By Susan Isaacs.....	63
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

ABSTRACTS

GENERAL	77
CLINICAL	80
APPLIED PSYCHO-ANALYSIS	81

BOOK REVIEWS

DIE FRAGE DER LAIENANALYSE. By Sigm. Freud.....	86
TECHNIK DER PSYCHOANALYSE: I. DIE ANALYTISCHE SITUATION. By Otto Rank.....	93
MIND AND ITS DISORDERS. By W. H. B. Stoddart.....	100
DER NERVÖSE MENSCH. By Hans von Hattingberg.....	102
THE SUBCONSCIOUS SELF, ITS RELATION TO EDUCATION AND HEALTH. By Louis Waldstein.....	102
DIE SCHICKSALSSTUNDE DER PSYCHOTHERAPIE. By J. H. Schultz	103
PSYCHOTHERAPY. By E. W. Taylor.....	105
DIE PSYCHOIDE ALS PRINZIP DER ORGANISCHEN ENT- WICKLUNG. By E. Bleuler.....	105
DIE RAUCHENDE FRAU. By R. Hofstätter.....	107
THE HUMAN BODY AND ITS FUNCTIONS. By Marie C. Stopes	108
THE CONSERVATION OF THE FAMILY. By Paul Popenoe...	108
SEX AND THE YOUNG. By Marie C. Stopes.....	109
MIND AND ITS PLACE IN NATURE. By Durant Drake.....	109
COME FUNZIONA LA NOSTRA INTELLIGENZA. By Eugenio Rignano	110
PSYCHOLOGICAL STUDIES. By Theodor Lipps.....	110
INTELLIGENCE AND IMMIGRATION. By Clifford Kirkpatrick	111
PSYCHOLOGY AND THE CHURCH. By E. J. Bicknell, L. F. Brown, G. H. Dix, L. F. Grensted, J. A. Hadfield, C. E. Hudson, W. R. Matthews, H. M. Relton, C. F. Rogers, O. Hardman.....	111
HOW NATIVES THINK. By Lucien Lévy-Bruhl.....	112
DREAMS AND EDUCATION. By J. C. Hill.....	113

(Continued on p. 3 of cover.)

Printed in Great Britain by
The Whitefriars Press, Ltd.,
London and Tonbridge